Are You A Candidate?

Name:
Phone:
E-Mail:

1. Do you have trouble seeing far away or up close?
   a) Yes
   b) No

2. Do you wear contact lenses or glasses?
   a) Yes
   b) No

3. How important is it for you to be glasses or contact lens free for activities such as driving, outdoor events and sports, or even watching TV?
   a) I would like to be less dependent on my glasses or contact lenses for such activities
   b) I do not mind wearing my glasses or contact lenses for such activities

4. What is your age?
   a) Under 21
   b) 21 – 40
   c) 40 – 69
   d) 69+

5. Which is more important to you?
   a) Good vision up close for activities like reading or sewing
   b) Good vision in the distance for activities like driving or sports

6. Would your career or business activities improve if you were to become less dependent on glasses or contacts?
   a) Yes
   b) No
   c) Maybe

7. Would you like to hear more about the risks and benefits of LASIK?
   a) From our LASIK coordinator
   b) From our LASIK surgeon Dr. Geffin

The material contained on this page is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health care provider.