

**Washington Laser Eye Center
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Thank you for selecting See Clearly Vision for your refractive surgery evaluation. Our staff is committed to providing you with information and answering all of your questions.

I understand that my complimentary consultation is for the purpose of determining whether I am a candidate for refractive surgery.

I understand that my consultation does not include a prescription for contact lenses or eyeglasses, nor does it include a medical diagnosis. If an eye health condition is discovered during my consultation, I will be given the option to receive further care.

I understand that I am not eligible for the complimentary consultation if I have had eye surgery. This includes, but is not limited to AK, RK, PRK, cataract surgery, corneal transplant and LASIK. I understand that I am not eligible for the complimentary consultation if I have any pre-existing eye diseases or conditions.

I understand all of the terms and conditions of my complimentary consultation.

Patient's signature

Date