

# Dear [Patient's Name],

We are pleased to provide you with information regarding your upcoming laser eye procedure. This letter outlines essential details to help you prepare for your treatment.

## Procedure Overview

The laser eye procedure aims to correct refractive vision issues, such as myopia, hyperopia, and astigmatism. The procedure is generally quick, taking about 15-30 minutes.

## Preparations

- Schedule a comprehensive eye examination.
- Avoid wearing contact lenses for at least two weeks prior to the procedure.
- Arrange for a friend or family member to drive you home afterwards.

## Post-Procedure Care

After your procedure, you may experience mild discomfort or blurred vision. Follow these guidelines:

- Rest your eyes as needed.
- Use prescribed eye drops to aid healing.
- Attend all follow-up appointments.

## Contact Information

If you have any questions or concerns prior to your procedure, please do not hesitate to contact us at [Clinic's Phone Number] or [Clinic's Email Address].

Thank you for choosing [Clinic's Name] for your laser eye treatment. We look forward to providing you with excellent care.

**Sincerely,**

[Provider's Name]

[Provider's Title]

[Clinic's Name]