

Laser Eye Surgery Information

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

Dear [Patient Name],

We appreciate your interest in the laser eye procedure. It is essential to be fully informed about the potential risks and benefits associated with this surgery. Below is a summary for your review:

Benefits:

- Improved vision without the need for glasses or contact lenses.
- Quick recovery time, with many patients experiencing improved vision within days.
- Long-lasting results, often providing clear vision for years.

Risks:

- Possibility of dry eyes and visual disturbances.
- Potential for undercorrection or overcorrection of vision.
- In rare cases, complications leading to infection or vision loss.

We encourage you to discuss these factors thoroughly with your healthcare provider to make an informed decision. Please feel free to reach out with any questions.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]