

www.illinoisretinaandeyeassociates.com

4505 N. Rockwood Dr. Ste 1 Peoria, IL 61615 PH: 309-589-1880 Fax: 309-589-1885 3315 N. Seminary St. Galesburg, IL 61401 PH: 877-223-7403 Fax: 309-589-1885

3602 Marquette Rd. Peru, IL 61354 PH: 815-223-7400 Fax: 815-223-7477 1321 N. Galena Ave. Dixon, IL 61021 PH: 877-223-7403 Fax: 815-223-7477

Welcome to Illinois Retina & Eye Associates. There are papers enclosed with this letter that we ask you to fill out and bring with you the day of your appointment. Please bring any insurance cards and a current list of your medications with you as well. Please visit our website <a href="www.illinoisretinaandeyeassociates.com">www.illinoisretinaandeyeassociates.com</a> for general information and educational material on common eye conditions. The following is some information about our office and how it works.

- 1. Your eyes may be dilated. This is the only way the doctor can look into the back of the eye. You will need someone to drive you home, and it is always good to have a family member present just in case you or your family has questions.
- 2. Since dilation is almost always necessary with new patients, your first visit may take a little longer. We make our best efforts to perform all the necessary testing and preferably start treatment including laser during the initial visit if needed. Therefore, depending on the complexity of your case, the first visit may take up to two or three hours.
- 3. Please avoid a heavy meal prior to your appointment. Some patients may get "sick in their stomach" during certain tests and procedures and it is more likely to occur if you have had a large meal before the test or procedure.
- 4. Emergencies do occur. If there is a patient with an emergent problem or having a procedure, they may be taken back out of order.
- 5. We accept patients with or without referrals. Our services include the following: diseases of the retina, vitreous and macula, such as diabetic retinopathy, torn and detached retinas, and macular degeneration.

Thank you for allowing us to help yo	ı with your	eye care nee	ds. Please	call our	office
with any questions.					

Appointment date:	Time:
rippointment date	Time: