



## Illinois Retina & Eye Associates

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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 <http://www.illinoisretinaandeyeassociates.com> for general information and educational material on common eye conditions. The following is some information about our office and how it works.

1. Our services include the following: diseases of the retina, vitreous and macula, such as diabetic retinopathy, torn and detached retinas, and macular degeneration. For additional information and education regarding your condition, you can visit <https://www.asrs.org/patients/retinal-diseases>.
2. Your eyes are usually dilated at every visit which may increase the length of your appointment. This is the only way the doctor can look into the back of the eye. We make our best effort to perform all necessary testing on your initial visit. It is recommended you have someone to drive you home and be present in case you or your family has questions.
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. **Appointment compliance is extremely important with our office. Some eye conditions can be sight threatening and need to be seen within a certain time frame. If you cancel your appointment for any reason, we expect you to call us within a few days and reschedule your appointment as soon as possible. If you do not reschedule within a month then we will assume you have transferred your care to another physician and reserve the right to remove you from our active patient list.**

Thank you for allowing us to help you with your eye care needs. Please call our office with any questions.

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dr. Kishore, MD

Dr. Neekhra, MD