

Lake Layer Eye Center

SPECIALIZING IN DISEASES & SURGERY OF THE EYE

Shabbir F Khambati, MD
586-792-3891
www.useemore.com

NOTICE TO ALL PATIENTS

Our office appointment policy is listed below. We thank you for your cooperation.

1. We request 48 hours notice for cancellation or rescheduling of an appointment. This allows us to provide care to other patients waiting for an appointment. We will give you a reminder call at least 2 days prior to your appointment.
2. **Appointments that are missed, cancelled or rescheduled less than 48 hours prior to the date and time of the appointment are subject to a \$25.00 charge. APPOINTMENTS FOR PROCEDURES (i.e. LASIK, EYELID SURGERY, AMNIOTIC MEMBRANE OR ANY OTHER SURGERY) THAT ARE MISSED, CANCELLED OR RESCHEDULED LESS THAN 24 HOURS PRIOR TO THE DATE AND TIME OF THE APPOINTMENT ARE SUBJECT TO A \$100.00 CHARGE**
3. If your insurance requires a referral, it is your responsibility to provide it at the time of your appointment. If the referral is not available, you will need to reschedule or be responsible for payment of charges.
4. While visiting our office, we ask that you refrain from using your cell phone as it affects our equipment.
5. Please bring an updated medication list with you to your annual appointment.
6. We require that all patients show photo ID and insurance cards at each visit. This is to prevent insurance fraud.
7. Please bring sunglasses and have a driver available when you schedule your dilated eye exam. If you are being followed for contact lens issues, please bring them with you.
8. Prescriptions are sent electronically. Please bring in your preferred pharmacy information with you.

Signature: _____ Date: _____

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Clinton Township, MI 48035
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