

EXCELLENT VISION Eye and Laser Centers

“The Clear Choice for Better Vision”™

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(877) 474-2020 MA/ME/NH
(603) 430-5225

155 GRIFFIN ROAD

65 ROCHESTER HILL ROAD

PORTSMOUTH, NH 03801

ROCHESTER, NH 03867

Please fill out the enclosed forms and mail them back to us in the enclosed self-addressed stamped envelope prior to your upcoming appointment.

Be sure to list all of your medications including vitamins, dietary supplements, and over-the-counter medications.

Bring your eyeglasses with you to your appointment. If you are a contact lens wearer, please come in wearing your glasses and not your contact lenses, unless you are specifically coming in for a contact lens exam.

If you are scheduled for a cataract evaluation AND you are a contact lens wearer, it is important that you not wear your contact lenses for an entire week prior to your appointment. Please wear your glasses only for the week prior to your appointment.

If your appointment is for a cataract evaluation, glaucoma evaluation, or a diabetic eye exam, your eyes will be dilated with drops. We recommend that you bring a driver.

We will need to make copies of your insurance cards when you check in for your appointment. If your insurance requires a referral, it is your responsibility to call your primary care physician prior to your appointment. Your primary care physician can fax it directly to us at 603-430-1230. Co-payment is expected at the time of service.

If you have any further questions, you may call us toll free at 1-877-474-2020.