PREPARING FOR YOUR CATARACT SURGERY
BEFORE / DURING /AFTER

Name: _____ DOB: _____

You have been scheduled for ☐ RIGHT ☐ LEFT eye surgery.

DATE OF SURGERY: _____ **Surgeon:** _____

ARRIVAL TIME: **Eyesight does not schedule your surgery time**. You will be contacted by the surgery center the day before your procedure with your expected arrival time. **You will also be called 1-2 weeks prior to surgery to go over your medical history**. **If you have not heard from the surgery center by 2:00pm prior to your procedure, please contact them directly at 603-314-8035 to get your time.**

SURGERY CENTER / LOCATION OF SURGERY:

☐ **Coastal Surgical Center – 291 Shattuck Way, Newington NH**

Alternative locations:

☐ Portsmouth Ambulatory Surgery Center - 333 Borthwick Avenue, Portsmouth NH
☐ Frisbie Memorial Hospital - 11 Whitehall Road, Rochester NH
☐ Wentworth Douglass Hospital - 789 Central Avenue, Dover NH
☐ Exeter Hospital - 5 Alumni Drive, Exeter NH

AFTER SURGERY APPOINTMENTS: **YOU MUST BE SEEN FOR A FOLLOW UP APPOINTMENT AFTER SURGERY. PLEASE PLAN TO SEE US AT EYESIGHT ON THE FOLLOWING DATE/TIME:**

1st post-op appointment is in the ☐ Portsmouth Office ☐ Somersworth Office ☐ Exeter Office ☐ Kittery, ME Office

on_____ at _____with Dr._____.

2nd post-op appointment is in the ☐ Portsmouth Office ☐ Somersworth Office ☐ Exeter Office ☐ Kittery, ME Office

on_____ at _____with Dr._____.

Light Adjustable / RLE patients will have a series of follow up appointments scheduled to adjust the lens. The 1 day, 2 week and 1st adjustment appointments are booked when surgery is scheduled. Subsequent appointments will be scheduled after you are seen for the first adjustment.

PRIOR TO CATARACT SURGERY

PRE-SURGICAL EYE DROPS – After cataract surgery, patients are often instructed to instill multiple prescription drops to prevent infection, inflammation, and pain, and each drop is on a different schedule. This can be confusing, so we have compounded your multiple eyedrops into one prescription called Imprimis and it contains all the prescriptions you need! **NOTE**: All prescriptions or Imprimis eyedrops will need to be picked up PRIOR to surgery. IMPRIMIS eyedrop can be purchased at the front desk at any Eyesight location during normal business hours.

START THE IMPRIMIS DROPS ON: _____in _____eye only.

- **Beginning 1 hour BEFORE YOU LEAVE HOME,** (regardless of how long it takes you to get to the surgery center) use the IMPRIMIS eyedrops every 15 minutes for a total of 4 times. i.e, if you are leaving home at 9:00am, you would use the IMPRIMIS eyedrops at 8:00, 8:15, 8:30 and 8:45.
  Note: Shake eye drop bottle well prior to use. Note that it is only necessary to use **1 drop at a time** from the bottle *regardless of what the package insert says.*
- Bring your eye drops and Surgery Drop Schedule to all follow-up appointments.
- **Please follow the eye drop chart you were given at the time of booking.**

If you are using prescribed eyedrops (NOT IMPRIMIS eyedrops), please follow the eyedrop instructions supplied to you by your surgical coordinator.

If prescribed, discontinue Xiidra/Restasis/Cequa, in the surgical eye only, beginning the morning of surgery. START XIIDRA, RESTASIS or CEQUA on:_____in the_____**eye only.**

- Use **1 drop, 2 times per day** (morning and evening). **Note:** One vial should be used for a maximum of 2 days, regardless of the instructions from the pharmacy. Stop the Xiidra or Restasis once you start the pre-surgical drops

SURGERY PREPARATION

- **You must have** responsible adult designated to accompany you to and from surgery. You will be asked to identify this person prior to surgery.
- **If you are having ANY LENS IMPLANT OTHER THAN A BASIC LENS,** you must be out of contact lenses 5 days prior to surgery.
- **On the night before surgery, or the morning of, take a bath or shower and wash your hair thoroughly**. In the morning, wash your face with soap and water. Please make sure you remove all mascara or eyeliner.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY! This includes coffee, toast, juice, etc.**
- **Take your usual morning medications with a sip of water**. If you take **INSULIN or DIABETIC medication**, the intake nurse from the surgery center will provide instructions on how and when to take your medication. As always, bring your insulin with you to surgery.
- **BRING SUNGLASSES, GLASSES (if you wear prescription lenses), YOUR SURGERY BAG, AND EYE DROPS WITH YOU TO SURGERY**.
- **Wear loose-fitting clothing, slip on shoes (no boots), and a BUTTON-DOWN SHIRT to your surgery**. **Do not wear makeup, ANY jewelry, nail polish, hairspray, perfume/cologne, or lotions. Deodorant is fine.**
- **There are usually no medication restrictions for cataract surgery.** You may continue taking aspirin products, Coumadin, Plavix, etc., unless otherwise directed by your surgeon

DURING CATARACT SURGERY

You must have a responsible adult designated to accompany you to and from surgery. You will be at the surgery center for 1-2 hours.

If your surgery is at Coastal Surgical Center, please be aware that they do require a credit card on file for surgery. This card will not be charged and is only held.

After check in, you will then be brought to the "short stay" area of the operating room. Many people, (doctors and nurses alike) will speak with you and several consent forms must be signed.

An intravenous line will be placed in your arm and several eye drops will be placed in your eye(s). You will then be brought to the operating room and you will be given oxygen and given medication through an intravenous line to relax you.

You will be partially sedated during the procedure. The eye and skin around the eye will be cleaned and a drape will be placed over your body exposing only the operated eye. The actual procedure is usually brief – roughly 20 minutes. Recovery is fairly quick and, once cleared by the medical team, you will be ready to go home and rest.

You will have an appointment shortly after surgery and then a few weeks to a month later. You will need to pick up your prescriptions at your pharmacy or IMPRIMIS eyedrops at our office prior to surgery. You will take these drops in the operated eye for at least 4 weeks.

AFTER CATARACT SURGERY

1. We prefer that you refrain from most activities for the rest of the day, and that someone stays with you until the day after surgery. Your eye may be slightly sore, itchy, scratchy, or feel like it is very teary.

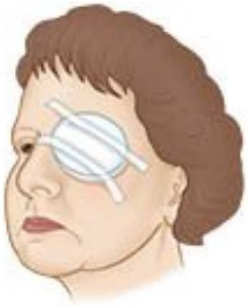
2. Your vision may be blurry the day of surgery, and it may take several days for your vision to clear. If your eye is patched, we prefer that you keep the eye patch on, unless otherwise directed.

3. If you are having both eyes done within a short period of time, you may notice one eye healing more quickly and seeing better at a faster rate. This is not unusual. You may also need glasses to improve your vision for distance as well as up-close.

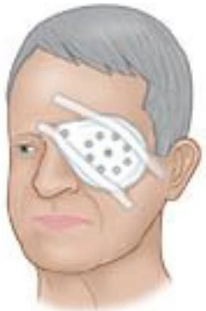
4. Eye protection is recommended outdoors (sunglasses or glasses) and a shield at bedtime for **1 week**. Use your own discretion when indoors. Your surgeon assures you that no harm will come to your eyes if you choose to wear your "old" glasses.
   Daytime – regular glasses or sunglasses
   Bedtime/Naps – Eye Shield

   When putting on your eye shield, place the "arm" above your nose and place a piece of tape above and below so you can still see through it.

   If you are provided an eyepatch instead of a shield, the eyepatch is not clear to see through, but should be taped on the face in the same manner.



Eye patch



Eye shield

5. No restrictions on bathing, showering, shampooing hair, having a permanent, or drying your hair, BUT **NO swimming** underwater for 3 weeks. **No eye makeup** for one week.

6. **YOU MAY** travel in an airplane, read, and watch T.V.

7. **YOU MAY** bend over to put on shoes, socks, or pick up things (NOT OVER 35lbs.)

8. **YOU MAY** sleep in any position.

9. Occasionally, your vision may be good enough to drive as soon as the day after surgery. Ask your surgeon if you are not sure. Please be aware that your eye will likely stay dilated for 1 to 2 days after surgery.

10. Please refrain from any vigorous physical activity that might increase your chances of falling and hitting your "operated" eye (such as skiing, skating, tennis, etc.) for **1 WEEK**. It is okay for you to take a walk or play golf as long as you are wearing eye protection. If you are unsure, please ask.

11. It is not unusual to experience watering, a foreign body or a scratchy sensation for the first few weeks after surgery as the eye heals. It will improve with time. While it is okay to use lubricant eye drops, i.e. "artificial tears", please **do not begin using them until at least 1 week after surgery**.

    PLEASE CALL THE OFFICE AS SOON AS POSSIBLE if you experience sudden intense pain or a dramatic change of vision in the "operated" eye.

MEDICATIONS

1. Most patients will be prescribed a special combination drop called Imprimis. This drop contains a combination of 3 eyedrops - Prednisolone Acetate, Moxifloxacin and Nepafenac. **You can pick up your Imprimis eyedrops at any Eyesight office during normal business hours. You will need to purchase 1 bottle PER EYE.**

    - **Note:** if you are allergic to any of the medication in the Imprimis eyedrops, our office will call a different set of prescriptions into your pharmacy.

2. **After surgery, you will use 1 drop of your Imprimis eyedrops in the operated eye 4 times per day (generally at 8am, 12pm, 4pm and 8pm)** for 14 days, then 2 times per day (once in the morning and once at night). This drop is usually used for a minimum of 4 WEEKS after surgery; however, your surgeon will inform you of any changes in the length of time or frequency to use your eyedrops. We recommend only purchasing 1 bottle of Imprimis drops PER EYE, unless your surgeon suggests you purchase more after your post-operative appointment.

3. Bring your eye drops and Surgery Drop Schedule to all follow-up appointments.

4. If you do not have Imprimis enough drops, **stop into any Eyesight office location** to purchase more. If you have a pharmacy prescription, a refill is already available at your pharmacy.

5. For those patients who are on **Restasis or Xiidra or Cequa:** Please resume these drops AFTER surgical drops are gone.
    - **2 times per day** until gone in the operated eye(s).
    - One vial should be used for a maximum of 1 or 2 days regardless of the instructions you receive from the pharmacy or on the package.

Imprimis Surgery Drop Schedule

Prednisolone-Moxifloxacin-Nepafenac

Beginning 1 hour BEFORE YOU LEAVE HOME, (regardless of how long it takes you to get to the surgery center) use the IMPRIMIS eyedrops every 15 minutes for a total of 4 times. i.e, if you are leaving home at 9:00am, you would use the IMPRIMIS eyedrops at 8:00, 8:15, 8:30 and 8:45.

Purchase ONE bottle PER EYE prior to surgery. Do not share the bottles if you have a second eye treated shortly after. (i.e. If you have right eye surgery first, purchase 1 bottle for the right eye and use that bottle ONLY for the right eye. If you have the left eye treated after, purchase a separate bottle for the left eye and use that bottle ONLY for the left eye)

Note: Shake eye drop bottle well prior to use. It is only necessary to use **1 drop at a time** from the bottle *regardless of what the package insert says.*

In ☐ RIGHT EYE ☐ LEFT EYE

Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on_____

1 hour prior	45 minutes prior	30 minutes prior	15 minutes prior
☐	☐	☐	☐

After leaving the surgery center, use again at 12:00pm – 4:00pm – 8:00pm
☐ ☐ ☐

Eyedrops following surgery:

Week 1	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐

Week 2	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐

Week 3	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

Week 4	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

4 times a day would be roughly 8am, 12pm, 4pm and 8pm.

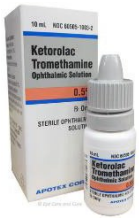
2 times a day would be roughly 8am and 8pm

Please bring your eye drops and this schedule to the surgery center and to all follow-up appointments.

Surgery Drop Schedule - IF PRESCRIBED SEPARATE BOTTLES OF EYEDROPS ONLY!

In ☐ RIGHT EYE ☐ LEFT EYE

Beginning 1 HOUR BEFORE LEAVING HOME FOR THE SURGERY CENTER on _____



	1 hr prior to surgery	45 min prior to surgery	30 min prior to surgery	15 min prior to surgery	After leaving the surgery center, use again at 12pm, 4pm & 8pm
Moxifloxacin or Polytrim	☐	☐	☐	☐	☐ ☐ ☐
Prednisolone Acetate 1%	☐	☐	☐	☐	☐ ☐ ☐
Ketorolac Tromethamine	☐	☐	☐	☐	☐ ☐ ☐

Week 1	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
Moxifloxacin or Polytrim	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐
Prednisolone Acetate 1%	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐
Ketorolac Tromethamine	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐

Week 2	Day 8 _____	Day 9 _____	Day 10 _____	Day 11 _____	Day 12 _____	Day 13 _____	Day 14 _____
Prednisolone Acetate 1%	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐
Ketorolac Tromethamine	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐

Week 3	Day 15 _____	Day 16 _____	Day 17 _____	Day 18 _____	Day 19 _____	Day 20 _____	Day 21 _____
Prednisolone Acetate 1%	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐
Ketorolac Tromethamine	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐	4 times a day ☐ ☐ ☐ ☐

Week 4	Day 22 _____	Day 23 _____	Day 24 _____	Day 25 _____	Day 26 _____	Day 27 _____	Day 28 _____
Prednisolone Acetate 1%	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐
Ketorolac Tromethamine	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐	3 times a day ☐ ☐ ☐

It is EXTREMELY important to follow your eyedrop instructions!
Your ophthalmologist will discuss the recommended continuation of your eyedrops after 4 weeks

Week 5	Day 29 _____	Day 30 _____	Day 31 _____	Day 32 _____	Day 33 _____	Day 34 _____	Day 35 _____
Prednisolone Acetate 1%	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐	2 times a day ☐ ☐

Week 6	Day 36 _____	Day 37 _____	Day 38 _____	Day 39 _____	Day 40 _____	Day 41 _____	Day 42 _____
Prednisolone Acetate 1%	Once a day ☐	Once a day ☐	Once a day ☐	Once a day ☐	Once a day ☐	Once a day ☐	Once a day ☐

Your procedure is scheduled for Coastal Surgical Center. If your procedure location is changed, our office will notify you.

DIRECTIONS

COASTAL SURGICAL CENTER
291 Shattuck Way
Newington, NH 03801
Phone: 603-314-8035

Traveling North: Take I-95 to Exit 4 on the left for US-4/NH-16 toward White Mountains. Keep left, follow signs for Newington/Dover/US-4/NH-16/ White Mountains. Take Exit 4 for Shattuck Way toward Newington Village. Turn right onto Shattuck Way. The surgical center is located 0.3 miles down the road on the right side with ample parking.

Traveling South: Take Spaulding Turnpike/NH-16. Take Exit 4 for US-4/NH-16 N toward Newington Village/Historic Sites/Dover/Concord. Continue 0.2 miles onto Nimble Hill Road and pass under Route 16. Turn right on Shattuck Way. The surgical center is located 1.5 miles down the road on the right side with ample parking.

*__You must have__ a responsible adult designated to accompany you to and from surgery. You will be asked to identify this person prior to surgery. Do not plan to use taxis, Ubers, or other public transportation for your procedures unless you also have a responsible adult with you.

***Anesthesia requires that someone stay with you for 24 hours after surgery**.

COASTAL
SURGICAL CENTER

Financial information regarding procedures

Note: Eyesight Ophthalmic and the Surgical Centers bill insurance separately and collect fees separately.

Any fees due will be collected SEPARATELY by both Eyesight AND the Surgery Center PRIOR to surgery. These fees must be collected prior to surgery or your surgery will be postponed.

Concerned about coverage? Contact your insurance plan prior to surgery.

This is always the BEST way to ensure you will not have unexpected charges after your procedure. Your insurance plan will ask the following:

What is the CPT code for your procedure? (this code is used for both the physician and surgery center)

66984 – Cataract Surgery or 66982 for Complex Cataract Surgery

If you are a Glaucoma patient and having an iStent or Hydrus:
66991 for Standard or 66989 for Complex

If you are a Glaucoma patient and having a goniotomy:
65820 - Incision Procedures on the Anterior Chamber of the Eye

What is the NPI number of the practice?

Eyesight Ophthalmic Services (for physician fees such as follow up care, evaluations, etc.)
NPI: 1073736310

Coastal Surgical Center (for surgery, lenses, etc.)
NPI: 1336713890

They will likely provide you with a reference number. Please write that number down:

Reference / Prior Authorization Number_____

CREDIT CARD POLICY AT COASTAL SURGICAL CENTER: At the time of registration, they will request your credit card information. Your credit card numbers will be encrypted and stored securely off-site and not stored at the practice. Once your Explanation of Benefits (what the insurance company will pay towards your visit), is processed, they will wait 30 days to allow you time to pay the balance on your account. If your balance is not paid, your credit card will be charged for the outstanding balance that is your responsibility. Co-pays must be paid at the time of visit.

SURGICAL FEE SCHEDULE (PER EYE)

BASIC CATARACT PACKAGE

This package is the best option for the individual who does not mind wearing glasses after cataract surgery. Most of the costs of Basic Cataract Surgery are covered by Medicare and other insurance companies. However, in addition to any deductibles, copayments and coinsurances required by the insurance company, the patient may have financial responsibility for additional testing recommended by their surgeon to achieve the best results after Basic Cataract Surgery.

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	Insurance fees	Insurance fees	$ 2,235.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ Insurance Fees**	**$ Insurance Fees**	**$ 2,735.00**
COASTAL SURGICAL CENTER FEES			
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	$ 65.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ Insurance Fees**	**$ Insurance Fees**	**$ 1,765.00**
TOTAL FEES FOR BASIC CATARACT	**$ Insurance Fees**	**$ Insurance Fees**	**$ 4,500.00**

Includes: Pre and Intraoperative Planning and 3 months postoperative care. **Patient Responsibility:** Insurance deductible, copay & Coinsurance.

OPTIWAVE ANALYSIS ENHANCED VISION CORRECTION

This package is ideal for patients who have particularly dense cataracts, or post-LASIK patients without significant astigmatism, who would like to lessen the need for glasses after cataract surgery. This option offers increased outcome reliability through use of Optiwave Analysis Technology, which provides the best chance for increased distance and/or near vision. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, **in addition to any deductibles, copayments and coinsurances** the patient is responsible for paying the extra costs to Eyesight associated with the Optiwave Analysis Enhanced package in the amounts below.

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	$ 900.00	$ 900.00	$ 3,135.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ 900.00**	**$ 900.00**	**$ 3,635.00**
COASTAL SURGICAL CENTER FEES			
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	$ 65.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ Insurance Fees**	**$ Insurance Fees**	**$ 1,765.00**
TOTAL FEES FOR OPTIWAVE ENHANCED by Eyesight & Coastal	**$ 900.00 + Insurance fees**	**$ 900.00 + Insurance fees**	**$ 5,400.00**

Includes: Advance Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care. **Patient Responsibility:** Insurance deductible, copay & Coinsurance

TORIC ASTIGMATISM REDUCTION PACKAGE

This package is designed for individuals with mild to moderate astigmatism. This surgery reduces astigmatism to enhance distance vision, improve night vision, and lessen the need for distance glasses. Patients will need glasses for near and intermediate tasks. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, insurances will not include or cover the extra costs associated with the treatment and additional specialized testing involved in the Astigmatism Reducing Package to either Eyesight or the Surgery Center. CONTACT LENSES MUST BE REMOVED 5 DAYS PRIOR TO SURGERY.

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	$ 1,800.00	$ 2,100.00	$ 3,650.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ 1,800.00**	**$ 2,100.00**	**$ 4,150.00**
COASTAL SURGICAL CENTER FEES			
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	$ 450.00	$ 450.00	$ 450.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ 450.00**	**$ 450.00**	**$ 2,150.00**
TOTAL FEES FOR ASTIGMATISM REDUCTION by Eyesight & Coastal	**$ 2,250.00 + Insurance fees**	**$ 2,550.00 + Insurance fees**	**$ 6,300.00**

Includes: Advance Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care. LASIK touchups, if necessary and medically possible, will be at no charge.
Patient Responsibility: Insurance deductible, copay & Coinsurance

PRESBYOPIA REDUCTION PACKAGE (Panoptix / Vivity)

This package is the best option for individuals who want to reduce their dependency on glasses with today's most advanced lens technology. This package typically provides the largest range of good uncorrected vision. Patients typically see well in the distance, midrange and some near without glasses. There may be the need for some low powered reading glasses. Medicare and other insurance companies pay most of the costs associated with removal of the cataract and placement of a standard lens. However, insurances will not include or cover the extra costs associated with the treatment and additional specialized testing involved in the Presbyopia Reducing package to Eyesight or the upgraded lens implant needed for surgery due to Coastal Surgery Center. **CONTACT LENSES MUST BE REMOVED 5 DAYS PRIOR TO SURGERY.**

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	$ 2,300.00	$ 2,600.00	$ 3,900.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ 2,300.00**	**$ 2,600.00**	**$ 4,400.00**
COASTAL SURGICAL CENTER FEES			
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	$ 950.00	$ 950.00	$ 950.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ 950.00**	**$ 950.00**	**$ 2,650.00**
TOTAL FEES FOR PRESBYOPIA REDUCTION by Eyesight & Coastal	**$ 3,250.00 + Insurance fees**	**$ 3,550.00 + Insurance fees**	**$ 7,050.00**

Includes: Advance Pre and Intraoperative planning, additional topographical measurements and analysis, utilization of the Optiwave Analysis Technology, & 3 months of postoperative care. LASIK touchups, if necessary and medically possible, will be at no charge.
Patient Responsibility: Insurance deductible, copay & Coinsurance

LIGHT ADJUSTABLE LENS / RLE PACKAGE

The Light Adjustable Lens (LAL) is the only IOL that enables you and your doctor to design, trial, and customize your vision after cataract surgery. The LAL is made of a special photo-sensitive material that changes the power of your implanted lens in response to UV light. What is unique about the Light Adjustable Lens is that, after your eye heals, you return to your eye doctor to have your vision tested and you and your eye doctor will select a custom prescription for your lens based on your own eyes and unique lifestyle requirements. Between 1-3 total light treatments, each lasting approximately 90 seconds, will help you achievement of your desired visual outcome.

	STANDARD	POST-LASIK	SELF PAY
EYESIGHT FEES			
PHYSICIAN SURGICAL FEE	$ 3,150.00	$ 3,450.00	$ 4,650.00
EXAM FEE (collected during the 1st pre-operative exam)	Insurance fees	Insurance fees	$ 500.00
TOTAL COLLECTED BY EYESIGHT	**$ 3,150.00**	**$ 3,450.00**	**$ 4,650.00**
COASTAL SURGICAL CENTER FEES			
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	$ 1,100.00	$ 1,100.00	$ 1,100.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL COLLECTED BY COASTAL SURGICAL CENTER	**$ 1,100.00**	**$ 1,100.00**	**$ 2,650.00**
TOTAL FEES FOR ASTIGMATISM REDUCTION by Eyesight & Coastal	**$ 4,250.00 + Insurance fees**	**$ 4,550.00 + Insurance fees**	**$ 7,950.00**

Includes: Advance Pre and Intraoperative planning, additional topographical measurements and analysis, up to 8 post-operative visits with up to 3 prescription adjustments. **Patient Responsibility:** Insurance deductible, copay & Coinsurance

PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY.

Payment Options: Interest-free financing available for up to 24 months and extended payment plans are available through www.CareCredit.com. We also accept MasterCard, Visa, Discover, American Express, Cash or Check.

SURGERY CONTACT INFORMATION

Please contact your Eyesight surgical coordinator if you have any questions by dialing 603-501-7868 and entering their extension prompt.

PORTSMOUTH COORDINATORS:
Sandy x230 **Leah x240**

EXETER COORDINATORS:
Deb x317

SOMERSWORTH COORDINATORS:
Cassie x263 **Kimberly x541**

KITTERY COORDINATORS:
Rebecca x540

SURGERY CENTER CONTACTS:

Coastal Surgical Center - 291 Shattuck Way, Newington NH — 603-314-8035 (before 4:30pm)

Wentworth Douglass Hospital – 789 Central Avenue, Dover NH — 603-740-2281 (after 6pm 603-740-2433)

Frisbie Memorial Hospital - 11 Whitehall Road, Rochester NH — 603-330-8936 (after 5pm 603-332-5211)

Exeter Hospital - 5 Alumni Drive, Exeter NH — 603-580-7568 (before 4:30pm)

Eyesight
Uncompromising Care

Patient: _____

AUTHORIZATION TO PERFORM SERVICES - Cataract Surgery with an upgrade

1. I have requested that my physician at Eyesight Ophthalmic Services perform my cataract surgery at Coastal Surgical Center. My lens selection is initialed below

2. I understand that should I choose Optiwave, Toric/Astigmatism Reducing or Presbyopia reducing upgraded lenses, **they are not covered benefits by my insurance company**, and will not be paid for by my insurance company.

3. My insurance will only be billed for basic surgery procedures, which do not include the extra costs for the lens implants or the extra professional fees associated with the planning and execution of the surgery. The surgery center will bill my insurance for the basic cataract items and I will be responsible for the extra costs associated with the upgraded lens implant itself. The fee for the professional component of the upgraded surgery due to Eyesight will be: (please circle and initial below):

	Optiwave Enhanced Vision	Toric Astigmatism Reducing	Presbyopia Reducing	Light Adjustable Lens (LAL or LAL+) / RLE	Basic Lens
Standard	$ 900.00	$ 1,800.00	$ 2,300.00	$ 3,150.00	Insurance deductible & copayment fees
Post Refractive Surgery	$ 900.00	$ 2,100.00	$ 2,600.00	$ 3,450.00	
Self-Pay/Cosmetic	$ 3,135.00	$ 3,650.00	$ 3,900.00	$ 4,650.00	$ 2,235.00
I CHOOSE THE FOLLOWING:	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***	_____ ***If chosen, initial above***

Payable to Eyesight Ophthalmic Services **one week prior** to the surgical procedure. Amount may be paid in the form of cash, credit card or check. Extended and interest free financing options may be available through Care Credit (www.CareCredit.com).

My signature below indicates that I agree to accept responsibility for payment for the upgrade, if I have selected an upgrade, and will not seek payment from my insurance company.

I understand that my permission is voluntary, that I may withdraw consent at any time, without prejudice to my present or future care at Eyesight Ophthalmic Services.

In addition, I understand that no surgical procedure can be guaranteed, and that during surgery unforeseeable circumstances may arise. If I have chosen an Advanced lens, and should medical opinion dictate that the Advanced lens should not be implanted, I will be billed for basic cataract surgery.

_____ SIGNATURE OF PATIENT

_____ DATE

_____ SIGNATURE OF WITNESS

_____ DATE

Surgery Date _____ OD (right eye)
Lens: ☐Monofocal Toric ☐Panoptix-Panoptix Toric ☐Vivity-Vivity Toric ☐OptiWave Analysis ☐LAL ☐LAL+ ☐BASIC

Surgery Date _____ OS (left eye)
Lens: ☐Monofocal Toric ☐Panoptix-Panoptix Toric ☐Vivity-Vivity Toric ☐OptiWave Analysis ☐LAL ☐LAL+ ☐BASIC

COASTAL SURGICAL CENTER

Cataract Surgery with Advanced Presbyopia, Monofocal, Toric, or Light Adjustable Intraocular Lens

Health Plan Denials and Personal Obligation / Cash Pay

Your carrier will only pay the surgery center if the services you receive are covered under the terms and conditions of your Health Plan. Your benefits may be denied or reduced by your plan if the plan believes:

• the services are not medically necessary;	• the services are not ordered/performed by a participating physician;
• the procedure or test is a non-covered service	• the services are not provided in a participating facility;
• health plan pre-authorization requirements were not met:	• the insurance plan does not provide benefits for the patient.

Health Plans review surgical services to determine if the services are covered under policy benefits. The term "Medically Necessary," for most plans usually means services which are:

- appropriate and necessary for the symptoms, diagnosis or treatment of a medical condition
- within recognized standards of medical practice
- not primarily for the convenience of the member, the member's family and/or the physician
- the least costly of alternative supplies or levels of service, which can be safely and effectively provided the patient

At this time, the specialty lens that will be used for your surgery is not a covered service by your healthcare plan. Payment for the lens must be received at least 1 week prior to the date of your surgery for the following amounts: **Please initial below your choice:**

	BASIC AND / OR OPTIWAVE ENHANCED		
	STANDARD	POST-LASIK	SELF PAY
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	Insurance fees	Insurance fees	$ 65.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL	Insurance fees	Insurance fees	$ 1,765.00

	PRESBYOPIA REDUCTION		
	STANDARD	POST-LASIK	SELF PAY
	Insurance fees	Insurance fees	$ 1,400.00
	$ 950.00	$ 950.00	$ 950.00
	Insurance fees	Insurance fees	$ 300.00
	$ 950.00 + Insurance fees	$ 950.00 + Insurance fees	$ 2,650.00

	ASTIGMATISM / TORIC		
	STANDARD	POST-LASIK	SELF PAY
FACILITY FEE	Insurance fees	Insurance fees	$ 1,400.00
LENS FEE	$ 450.00	$ 450.00	$ 450.00
ANESTHESIA FEE	Insurance fees	Insurance fees	$ 300.00
TOTAL	$ 450.00 + Insurance fees	$ 450.00 + Insurance fees	$ 2,150.00

	LIGHT ADJUSTABLE / RLE		
	STANDARD	POST-LASIK	SELF PAY
	Insurance fees	Insurance fees	$ 1,400.00
	$ 1,100.00	$ 1,100.00	$ 1,100.00
	Insurance fees	Insurance fees	$ 300.00
	$ 1,100.00 + Insurance fees	$ 1, 100.00 + Insurance fees	$ 2,650.00

Your financial agreement with the surgery center is to pay for all services you receive, even those denied by your Health Plan. This agreement is a promise to pay for all services, to the extent not paid by some other party on your behalf.

The undersigned certifies that he/she has read the above, accepts financial responsibility for amounts listed above, and is the patient, the patient's agent, insured or guarantor.

Patient, Insured or Guarantor

Name of Patient

Witness

Date

PAYMENT IS DUE A MINIMUM OF 1 WEEK PRIOR TO SURGERY –
COASTAL SURGICAL WILL CONTACT YOU DIRECTLY TO COLLECT PAYMENT

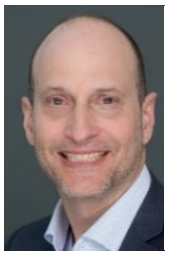
PAYMENT OPTIONS: Interest-free financing available for up to 24 months and extended payment plans are available through www.CareCredit.com. We also accept MasterCard, Visa, Discover, American Express, Cash or Check to COASTAL SURGICAL CENTER.

Your family of Eyesight staff is here to assist you with every aspect of caring for your eyes.

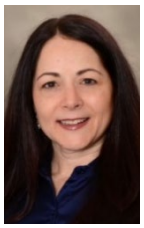

Lucian Szmyd, MD

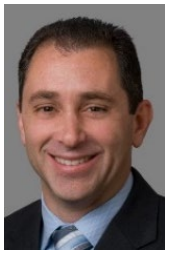

Claudia Bartolini, MD


Christopher Turner, OD


Warren Goldblatt, MD


Kinley Beck, MD


Lauren McLoughlin, OD

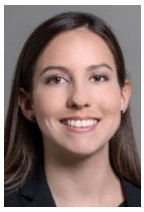

N. Timothy Peters, MD


Jennifer Ling, MD


Janet Rand, OD


Marsha Kavanagh, MD


Jason Szelog, MD


Renee Lynch, OD


Timothy Sullivan, MD


Nathaniel Sears, MD


Hilary Hamer, OD


Dwight Arvidson, OD

PORTSMOUTH
155 Borthwick Avenue
Suite 200 East
Portsmouth, NH 03801
Tel: (603) 436-1773
Fax: (603) 427-0655

EXETER
McReel Building
192 Water Street
Exeter, NH 03833
Tel: (603) 778-1133
Fax: (603) 778-1055

SOMERSWORTH
267 Route 108
Somersworth, NH 03878
Tel: (603) 692-7500
Fax: (603) 692-7575

KITTERY, ME
99 US-1, Suite B
Kittery, ME 03904
Tel: (207) 439-4958
Fax: (207) 439-4313

www.EyesightNH.com

Eyesight
Uncompromising Care

Informed Consent for Cataract Surgery

This information is given to you to help you make an informed decision about having cataract and/or lens implant surgery. **You will live with the vision resulting from your decisions for the rest of your life, so please read the following explanations carefully.** Once you have read this Informed Consent, you are encouraged to ask any questions you may still have about the procedure. This document will help you understand the risks of cataract surgery. It will also help you decide the type of replacement lens you want.

WHAT IS A CATARACT?

The natural lens in the eye can become cloudy and hard, a condition known as a cataract. Cataracts can develop from normal aging, from an eye injury, or if you have taken medications known as steroids. As a cataract develops, it blocks and scatters light, reducing the quality of vision. Cataracts may cause blurred vision, dulled vision, sensitivity to light and glare, and/or ghost images. If the cataract changes vision so much that it interferes with your daily life, the cataract may need to be removed. Surgery is the only way to remove a cataract. You can decide not to have the cataract removed. If you don't have the surgery, your vision loss from the cataract will continue to get worse.

HOW WILL REMOVING THE CATARACT AFFECT MY VISION?

The goal of cataract surgery is to correct the decreased vision that was caused by the cataract. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and typically puts in a new artificial lens called an Intra-Ocular Lens (IOL).

UNDERSTANDING THE MAJOR RISKS OF CATARACT SURGERY

1. RISKS OF THE SURGERY: All operations involve risk and may have unsuccessful results, complications, or injury. Problems with cataract surgery are very rare. There are complications in FEWER THAN 1 OUT OF 1,000 of cataract surgeries. Complications may occur weeks, months or even years after surgery.

Problems, while extremely rare, include, but are not limited to, discomfort or pain, droopy eyelids, bleeding; infection; clouding of the outer part of the eye (called the cornea); swelling of the inside layer of the eye (called the retina); detachment of the retina from the eye; increased eye pressure which is also called "glaucoma"; damage to the tissue that supports the lens placed into the eye; and retained pieces of cataract that remain in the eye after surgery. If complications occur, the doctor may decide not to implant the lens in your eye and additional surgeries may be needed. These problems may lead to worse vision, total loss of vision, or even loss of the eye in rare situations.

Dextenza (www.Dextenza.com) is an FDA approved, preservative free, dissolvable, implant, that may be used for certain patients during cataract surgery to reduce pain and/or swelling. Use of Dextenza may help reduce the length of time required for steroid eyedrops to be used postoperatively / after cataract surgery.

Depending on the type of anesthesia, other risks are possible, just like any other surgery, including heart and breathing problems, and, in extremely rare cases, death.

*Initials*_____

Additional surgery may be necessary, even when there are no complications with cataract surgery. You may need a laser surgery to correct clouding of the capsule directly behind the lens (also called a YAG).

At some future time, the lens in your eye may move as a result of the natural aging of the eye, and, although rare, may need to be repositioned with an additional surgery.

2. ISSUES ASSOCIATED WITH THE IMPLANT: Prior to cataract surgery, your eye must be measured to determine the strength of the lens that you require. While this test is very accurate for the majority of patients, some inaccuracy may occur. This problem occurs in only a small percentage of patients, but it would cause the prescription of the eye after cataract surgery to be different than what was expected. Wearing eyeglasses or contact lenses usually solves this. In extremely rare situations, the lens may need to be replaced to correct the strength of the lens.

After cataract surgery it is not uncommon for vision to have some dark shadowing or an “arc” of light in the outer part of the vision. This is called a "dysphotopsia". It is usually temporary, and usually resolves on its own. Depending on the type of lens implanted, you may have higher rates of night glare or halos, double vision, impaired depth perception, blurry vision, or trouble driving at night.

3. Cataract surgery is performed one eye at a time. During the time between surgeries, there can be an imbalance between the eyes that can make glasses not work well. This imbalance can cause eye strain and tired eyes. Surgery in the second eye can fix this.

4. There are other eye problems that can affect vision after surgery, like glaucoma, diabetes in the eye, macular degeneration, or your individual healing after surgery. The results of surgery cannot be guaranteed. There is no guarantee of "20/20 vision."

UNDERSTANDING HOW VISION CORRECTION OF THE EYE WORKS

The human eye is a complex system, and understanding the following terms may help guide you in your cataract decision. Once you have decided that your vision is bad enough to require surgery, you will have to decide on what style of lens implant you want at the time of surgery. The style of the implant you choose will determine how you will see *“forever”* after surgery and what you may or may not need for corrective lenses after surgery.

MYOPIA (NEAR SIGHTED) is a condition in which people need glasses to see in the distance. Depending on your age and how much myopia you have, you can typically see well up close without your glasses, but you can't see in the distance until you put your glasses on.

HYPEROPIA (FAR SIGHTED) is a condition in which people need glasses to read and to see in the distance. Typically, these people wear bifocals, trifocals or progressive glasses full time.

PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY - Presbyopia is a condition caused by the aging eye losing its ability to shift from distance to near vision. Presbyopia is the reason that reading glasses become necessary, typically after age 40, even for people who have excellent distance and near vision without glasses. Presbyopic individuals require bifocals or separate reading glasses in order to see clearly at close range. There are options available to you to achieve distance vision, near vision, or both after cataract surgery. If you choose to not have an implant that corrects for presbyopia, you will need glasses for near vision, distance vision or both.

Initials

ASTIGMATISM - Patients with nearsightedness and farsightedness often also have astigmatism. An astigmatism is caused by an irregularly-shaped cornea; instead of being round like a basketball, the cornea is shaped like a football. This shape can make your vision blurry without correction. This extra correction can be accomplished with glasses or with lens implants during cataract surgery.

GLARE AND HALOS - Depending on the type of lens implant you and your surgeon agree upon, there may be glare and halos around lights after surgery. In many cases they can resolve over time, but as with any implant, there may permanent, glare and halos. Some lens types like multifocal and extended depth of focus lenses come with higher rates of glare and halos than other lens implant options.

LENS IMPLANT OPTIONS AND VISION AFTER CATARACT SURGERY

When selecting your lens implant style for cataract surgery, you will have 4 choices. Consider the following options and decide which best describes what you would like your vision to be after cataract surgery:

CHOICE #1 - I want to wear glasses full time.

Best lens option = Standard / Basic lens implant.

CHOICE #2 - I want to see clearly in the distance without glasses and I will wear glasses FOR ALL NEAR AND INTERMEDIATE vision tasks.

Best lens option = A standard lens implant with an Optiwave for non-astigmatism correction.
or = A toric lens implant depending on the amount of astigmatism you have.

CHOICE #3 - I want to see clearly for near vision tasks without glasses and I will wear glasses FOR ALL DISTANCE AND INTERMEDIATE vision tasks.

Best lens option = A standard lens implant for non-astigmatism correction.
or = A toric lens implant depending on the amount of astigmatism you have.

CHOICE #4 - I want to see clearly in the distance AND near with a reduced need for glasses.

Best lens option = A multifocal lens implant.
or = An Extended Depth of Focus implant.
or = Light Adjustable Lens (LAL / LAL+).
or = Optional monovision for those who are currently successful in wearing monovision correction

TREATING ASTIGMATISM - Toric lens implants can be used for correcting high degrees of astigmatism. In addition to toric lens implants, astigmatism can be reduced by glasses, contact lenses, and refractive surgery (LASIK OR PRK).

If you have an astigmatism and choose a standard lens implant, which is not designed to treat astigmatism, you will need to wear glasses for all distance, intermediate and near tasks.

Initials

PATIENT CONSENT

Please copy the following sentences, as they appear, prior to the consultation.

"I understand there are risks of surgery including vision loss."

_____

_____

"I understand I may need more than one surgery per eye."

_____

_____

"I understand I may not have 20/20 vision after surgery."

_____

_____

_____	_____	_____
Patient name (printed)	Patient Signature	Date

Should cataract surgery be scheduled, I authorize the following people to speak with surgical center representatives on my behalf.

_____

Name of person	Relationship to patient	Phone Number

_____

Name of person	Relationship to patient	Phone Number

Representatives may be from Coastal Surgical Center, Wentworth Douglass Hospital, Frisbie Memorial Hospital, or Exeter Hospital.

We look forward to seeing you at your upcoming Cataract Evaluation. In an effort to ensure your surgery is scheduled at the appropriate location, please take a brief moment to fill out the anesthesia questionnaire below. Our technicians will collect this from you and your surgeon will review your answers.

Eyesight Uncompromising Care

ANESTHESIA QUESTIONNAIRE

REQUIRED FOR ALL SURGERY PATIENTS

Name Date:

1.	What is your height? _____ft _____in What is your most recent weight? _____ lbs			
2.	Have you had any cardiac event within the last 3 months (including heart attack/MI, cardiac stent placement, or cardiac bypass surgery)? If yes, date of cardiac event: _____	☐ Yes	☐ No	
3.	Have you had a stroke or TIA (mini-stroke) in the last 3 months? If yes, date of stroke or TIA (mini-stroke):	☐ Yes	☐ No	
4.	Have you had a seizure in the last 3 months? If yes, date of seizure? _____	☐ Yes	☐ No	
5.	Do you require continuous oxygen therapy for any breathing disorder (for example COPD, emphysema, pulmonary fibrosis)?	☐ Yes	☐ No	
6.	Are you currently on any form of dialysis?	☐ Yes	☐ No	
7.	Are you currently undergoing medical workup for chest pain, shortness of breath, abnormal heart rhythm, heart valve conditions, seizures, strokes/TIA(mini-strokes), or a clotting disorder?	☐ Yes	☐ No	
8.	Do you have difficulty with shortness of breath or weakness doing everyday activities (such as walking, cleaning, showering, etc?)	☐ Yes	☐ No	
9.	Have you been to a cardiologist in the last 3 years? If yes, for what reason? _____	☐ Yes	☐ No	
10.	Have you been hospitalized or evaluated in the ER for any reason within the last month? If yes, then where? _____	☐ Yes	☐ No	
11.	Are you currently receiving radiation or chemotherapy for metastatic cancer?	☐ Yes	☐ No	
12.	Have you had an allergic or adverse reactions to the medications Versed (midazolam), Propofol, or opioid pain medications? If yes, what medications? _____ What was the reaction you had? _____	☐ Yes	☐ No	
13.	Have you ever been told that you are a difficult intubation or that a medical provider had difficulty placing a breathing tube?	☐ Yes	☐ No	
14.	Do you have any of the following: ☐ Implantable Defibrillator ☐ Implantable Pacemaker ☐ Combined Defib/Pacemaker	☐ Yes	☐ No	☐ None
15.	Do you take Ozempic, Mounjaro, or Wegovy?	☐ Yes	☐ No	

THANK YOU!

Please give this form to the technician or the doctor during your appointment.

Lens Choice and Informed Consent for Cataract Surgery

- THIS PORTION SHOULD BE COMPLETED WITH YOUR SURGEON – PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT

Please indicate which lens selection you and your doctor have agreed on. You only have to complete the section that applies to your agreed upon lens choice:

_____ *Initials*

STANDARD LENS FOR *DISTANCE* VISION: I wish to have cataract surgery with a STANDARD lens for **DISTANCE** vision on my *(check one)*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

-OR -

_____ *Initials*

TORIC LENS FOR *DISTANCE* VISION: I wish to have cataract surgery with a TORIC lens for **DISTANCE** vision on my *(check one)*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

Please copy the following: **"I will need glasses to see things for all near and intermediate tasks."**

_____

_____

_____ *Initials*

STANDARD LENS FOR *NEAR* VISION: I wish to have cataract surgery with a STANDARD lens for **NEAR** vision on my *(check one)*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

_____ *Initials*

TORIC LENS FOR *NEAR* VISION : I wish to have cataract surgery with a TORIC lens for **NEAR** vision on my *(check one)*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

Please copy the following: **"I will need glasses to see things for all distance and intermediate tasks."**

_____

_____

For either of the STANDARD lens options above:

_____
Initials

ASTIGMATISM: I understand that I have an astigmatism. I understand that if I choose to have a standard lens, which does not correct for this astigmatism, I will likely need to wear glasses or contact lenses after surgery for all tasks. *(check one) This also applies to patients with prism.*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

Please copy the following: **"I will need to wear glasses for all tasks after cataract surgery."**

_____

_____

_____
Initials

MULTIFOCAL, EXTENDED DEPTH OF FOCUS LENS, OR LIGHT ADJUSTABLE LENS (LAL/LAL+) FOR *DISTANCE AND NEAR* VISION:
I wish to have a MULTIFOCAL, EXTENDED DEPTH OF FOCUS, OR LAL/LAL+ lens for on my *(check one)*

☐ *Right Eye* ☐ *Left Eye* ☐ *Both Eyes*

Although this option will give me the most freedom from spectacles, it is possible that even after successful cataract surgery, glasses will be required for some, or all, visual tasks.

Please copy the following: **"I may still need to supplement with glasses for reading small print or in dim light."**

_____

_____

PATIENT'S ACCEPTANCE OF RISKS:
The main rationale for cataract surgery is to improve the quality of vision. I understand there are no guarantees and I may still need glasses for all ranges of vision, regardless of my lens choice for surgery.

Initials_____

After meeting with my surgeon: I understand that it is impossible for the doctor to inform me of every possible complication that may occur. In signing below, I acknowledge that I have read the preceding pages, and agree that the doctor has answered all my questions to my satisfaction. I understand the risks, benefits, and alternatives complications of cataract surgery, as explained to me by my ophthalmologist, and I have been offered a copy of the consent.

Patient's Name (Printed)	Patient Signature	Date
Ophthalmologist	Date	