INSTRUCTIONS TO PREPARE FOR CATARACT SURGERY

FOR QUESTIONS RELATED TO SURGERY CALL OR EMAIL AMY AT: (732) 264-6464 EXTENSION 8015 / amym@bayshoreophthalmology.com

Patient Name:

You are scheduled for cataract surgery. This should assist you to keep track of the multiple steps involved. Please feel free to email at any time with questions. The more time we spend understanding and preparing for surgery before-hand, the more assured we are of smooth post-operative recovery and expectations.

Surgery Date:

Location:

Somerset Eye Institute
562 Easton Avenue
Somerset, NJ 08873
(732) 828-5900

CAMIS
234 Industrial Way West, B101
Eatontown, NJ 07724
(732) 440-4900

Riverview Medical Center
One Riverview Plaza
Red Bank, NJ 07701
(732) 741-2700

Please go over the following checklist:

It is the patient’s responsibility to verify eligibility and benefits for surgery. You should check for both physician and facility benefits, including anesthesia.

Go over the consent form carefully with a clear understanding.

Intra-ocular lens implant: Discuss with your doctor the right lens for your eye. Discuss premium lens implants with reduced dependency on glasses, standard lens implant with need for distance or reading glasses, and the limitations with all lens calculations and possible inaccuracies.

Discuss with your doctor the use or discontinuation of the following medications (if used regularly):

Medications for enlarged prostate (examples: Flomax/Tamsulosin and Finasteride)
Blood thinners (examples: Plavix/Clopidogrel, Coumadin/Warfarin and Aspirin).
Also discuss allergies to any medications.

Eye drops which need to be stopped approximately one month prior to surgery are: Lumigan / Travatan / Xalatan/ Latanoprost (if using these drops the doctor will substitute these with other glaucoma drops).

Prior to surgery, you must be cleared by your medical doctor for surgery: YOU MUST SEE YOUR MEDICAL DOCTOR FOR THIS. In addition to a personal visit to your primary care physician (History & Physical), this entails bloodwork (usually valid for 90 days) and an EKG (valid for 6 months).

*Your medical clearance must be dated within 30 days of both surgeries* We can reschedule your surgery if this requirement cannot be met.

Blood work should be done prior to seeing your PCP unless it will be done on the same day as your appointment.
CONTACT LENS WEARERS:

In order to get the best possible results, it is important that you discontinue wearing contact lenses for a time prior to measurements being taken:

Rigid gas permeable (hard) contact lens wearers should stop 4 weeks prior to being measured.

Soft contact lens wearers should discontinue wearing lenses 2 weeks prior to being measured.

PRE-OPERATIVE INSTRUCTIONS

3 full days before surgery:

Start eye drops: This is to preload you eye with antibiotic and anti-inflammatory medications. If you miss a drop or two it is not critical. Space drops 2 minutes apart.

Antibiotic drop: Besivance 4 times a day or Vigamox 4 times a day

Anti-inflammatory drop: Illevo 1 time a day or Prolensa 1 time a day or Nevanac 4 times a day

Patients who currently or have previously taken the medication FLOMAX may have to use an additional drop called ATROPINE. While using ATROPINE, patients may experience difficulty with near vision.

On the morning of surgery:

Use the pre-operative drops and glaucoma drops (if used) the morning of surgery.

Do not eat 8 hours before surgery for Riverview Hospital and CAMIS (5 hours for Somerset Eye Institute)

Oral medications for medical conditions: Take all your regular medications, in particular, hypertension medications on the morning of surgery with a sip of water. Diabetics, if you are not eating the morning of surgery, do not take insulin or pills.

Anesthesia will be a local anesthesia (your eye will be made numb and you will be given a mild IV sedation). You will be awake during surgery.

Pick up time (for Somerset Eye Institute only): You will be called the day before surgery with the exact time.

For surgical questions, or if not clear about the lens implant, email: surekha.collur@gmail.com

POST OPERATIVE INFORMATION:

You will need to be seen by Dr. Collur the day after surgery. An appointment will be made for you if not done in advance.

You should not schedule any long distance trips for 3 weeks following your surgery.

In the majority of patients, the eye heals with a month after surgery. We will give you a prescription for eye glasses when the eye heals completely. It may vary from person to person.
POST-OPERATIVE INSTRUCTIONS

Take shield off 5 hours after surgery (unless told otherwise from nurses at surgery center or hospital). You can remove the bandage under the shield (no need to put bandage back on).

Use eye drops as prescribed after removing the shield. Be careful not to press on your eye. You do not have to use the drops 4 times on date of surgery (example: if you removed the shield at dinnertime, use then and again at bedtime, for a total of 2 times).

Start eye drops after removing shield/bandage (see above regarding timing of drops on date of surgery):

1) **Besivance** 4 times a day **or** **Vigamox** 4 times a day
2) **Illevro** once a day **or** **Prolensa** once a day **or** **Nevanac** 4 times a day
3) **Durezol** 4 times a day **or** **Prednisolone Acetate 1%** 4 times a day

If you see blurry, double, have tearing, or a foreign body sensation it is okay. The doctor will talk to you about all this the next day.

Use over the counter pain medication if necessary, but call the doctor at ANY TIME if there is SEVERE PAIN in the eye.

Have someone drive you the next day to your post-operative appointment.

Call the office immediately if you have any of the following symptoms after surgery:

- Pain not relieved by non-prescription pain medication
- Loss of vision
- Nausea, vomiting or excessive coughing
- Injury to the eye

**For the first 7 days after surgery:**

Keep shield on at night with tape over it for protection.

Keep the eye clean and without makeup.

Wear protective eye glasses when you go out (this is for sun protection and to prevent debris from getting in the eye).

Shower from the neck down, avoiding wetting the eye. If you must wash your hair, do as would be done at a hair salon.

Do not bend at the waist, bend at the knees.

Avoid strenuous activities until the eye is healed (do no lift more than 15 pounds, and avoid excessive aerobic activities especially swimming). Walking or mild exercise is okay.
INFORMED CONSENT FOR CATARACT SURGERY

WHAT IS A CATARACT AND HOW IS IT TREATED?
The 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. 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. During the surgery, the ophthalmologist (eye surgeon) removes the cataract and puts in a new artificial lens called an intraocular lens or IOL. Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Most people still need to wear glasses or contact lens after cataract surgery for either near and/or distance vision and astigmatism.

WHAT TYPES OF IOLs ARE AVAILABLE?
Your ophthalmologist will help you decide on the type of IOL that will replace your cloudy lens. There are IOLs available to treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. IOLs usually provide either near or distance vision: these single focus lenses are called multifocal IOLs. Some newer IOLs can provide for near, intermediate, and distance vision: these multiple focus lenses are called multifocal IOLs. IOLs that treat astigmatism are called toric IOLs. You can also have one eye corrected for near vision, and the other for distance vision, a choice called monovision.

WHAT IS ASTIGMATISM? ARE THERE OTHER TREATMENTS FOR IT?
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 can make your vision blurry. In addition to toric IOLs, astigmatism can be reduced by glasses, contact lenses, and refractive surgery (LASIK or PRK). There is also a procedure called a limbal relaxing incision (LRI), which can be done at the same time as the cataract operation, or as a separate procedure. A limbal relaxing incision (LRI) is a small cut or incision the ophthalmologist makes into your cornea to make its shape rounder. Any attempt at astigmatism reduction could result in over- or under-correction, in which case glasses, contact lenses, or another procedure may be needed.

RISKS OF CATARACT SURGERY
1. Mild discomfort. Cataract surgery is usually quite comfortable. Mild discomfort for the first 24 hours is typical, but severe pain is extremely unusual and should be reported immediately to the surgeon.

I have read and understood this page, Patient Initials __________  (1)
2. Complications of removing the natural lens may include bleeding (hemorrhage); rupture of the capsule that supports the IOL; perforation of the eye; clouding of the normally clear outer layer of the eye called the cornea (a condition known as corneal edema), which can be corrected with a corneal transplant; swelling in the central area of the retina (called cystoid macular edema), which usually improves with time; retained pieces of lens in the eye, which may need to be removed surgically; infection; detachment of the retina, which is definitely an increased risk for highly nearsighted patients, but which can usually be repaired; uncomfortable or painful eye; droopy eyelid; irregular pupil; increased astigmatism; glaucoma; and double vision. These and other complications may occur whether or not an IOL is implanted and may result in poor vision, total loss of vision, or even loss of the eye in rare situations. Additional surgery may be required to treat these complications. The cost for this additional surgery is not included in the price you pay for the cataract surgery.

3. Complications associated with the IOL may include increased night glare and/or halos, double or ghost images, and dislocation of the IOL. Multifocal IOLs may increase the likelihood of these problems, so you should think carefully about how these problems might effect your job, your hobbies, and your daily life. In some instances, corrective lenses or surgical replacement of the IOL may be necessary for adequate visual function following cataract surgery.

4. Complications associated with limbal relaxing incisions include damage to the cornea, infection, and fluctuating vision while the incision heals. They can also lead to under- and over-correction; if this occurs, another procedure and/or glasses or contact lenses may be required.

5. Complications associated with local anesthesia injections around the eye include a hole (perforation) of the eye, injury to the optic nerve, interference with the circulation of the retina, droopy eyelid, breathing problems, low blood pressure (hypotension), heart (cardiac) problems, and in rare situations, brain damage or death.

6. If a multifocal (single focus) IOL is implanted, either distance or reading glasses or contacts will be needed after cataract surgery for adequate vision.

7. Monovision may result in problems with impaired depth perception. Choosing the wrong eye for distance correction may result in feeling that things are the “wrong way around.” Once surgery is performed, it is not always possible to undo what has done, or to reverse the distance and near eye without some loss of visual quality.

8. Multifocal (multiple focus) IOLs may reduce dependency on glasses but might also result in less sharp vision, which may become worse in dim light or fog. They may also cause some visual side effects such as rings or circles around lights at night. It may be difficult to distinguish an object from a dark background, which will be more noticeable in areas with less light. Driving at night may be affected. If you drive a lot at night, or perform delicate, detailed, “up-close” work requiring closer focus than just reading, a monofocal lens in conjunction with eyeglasses may be a better choice for you. If complications occur at the time of surgery, a monofocal IOL may need to be implanted instead of a multifocal IOL. If you chose a multifocal IOL, it is possible that not all of the near (and intermediate) focusing ability of your eye will be restored. Additional treatment and/or surgery may be necessary.

9. If complications occur at the time of surgery, the doctor may decide not to implant an IOL in your eye even though you may have given prior permission to do so.

I have read and understood this page, Patient Initials ___________  (2)
10. Other factors may affect the visual outcome of cataract surgery, including other eye diseases such as glaucoma, diabetic retinopathy, age-related macular degeneration; the power of the IOL; your individual healing ability; and, if certain IOLs are implanted, the function of the ciliary (focusing) muscles in your eyes.

11. Your doctor will use special equipment and computer formulas to select the best IOL for you, but the result may be different than what was planned. You may need to wear glasses or contact lenses after surgery to obtain your best vision. Additional surgeries such as IOL exchange, placement of an additional IOL, or refractive laser surgery may be needed if you are not satisfied with your vision after cataract surgery.

12. Regardless of the IOL chosen, you may need laser surgery (a YAG capsulotomy) to correct clouding of vision. At some future time, the IOL implanted in your eye may have to be repositioned, removed surgically, or exchanged for another IOL.

13. If your ophthalmologist has informed you that you have a high degree of farsightedness (hyperopia >5.0 diopters) and/or that the axial length of your eye is short (< 18.0mm), your risk for a complication known as nanophthalmic choroidal effusion is increased. This complication could result in difficulties completing the surgery and implanting a lens, or even loss of the eye.

14. If your ophthalmologist has informed you that you have a high degree of nearsightedness (myopia > -7.0 diopters) and/or that the axial length of your eye is long (> 25.00 mm), your risk for a complication called a retinal detachment is increased. Retinal detachments can usually be repaired but may lead to vision loss or blindness.

15. Since only one eye will undergo surgery at a time, you may experience a period of imbalance between the two eyes (anisometropia). This usually cannot be corrected with eyeglasses because of the marked difference in the prescriptions, so you will either temporarily have to wear a contact lens in the non-operated eye or will function with only one clear eye for distance vision. In the absence of complications, surgery in the second eye can usually be accomplished within 2 to 4 weeks, once the first eye has stabilized.

16. There is no guarantee that cataract surgery will improve your vision. As a result of the surgery and/or anesthesia, it is possible that your vision could be made worse. In some cases, complications may occur weeks, months or even years later. These and other complications may result in poor vision, total loss of vision, or even loss of the eye in rare situations. You may need additional treatment or surgery to treat these complications. This additional treatment is not included in the fee for this procedure.

All operations and procedures are risky and can result in unsuccessful results, complications, injury, or even death, from both known and unknown causes. The major risks of cataract surgery include, but are not limited to bleeding; infection; injury to parts of the eye and nearby structures from the anesthesia, the operation itself, or pieces of the lens that cannot be removed; inability to place intraocular lens; high eye pressure; a detached retina, and a droopy eyelid. The major risks of a limbal relaxing incision are similar to those for cataract surgery, but also include loss of vision, damage to the cornea, and scarring; under- or over-correction could occur.
Depending upon your eye and the type of IOL, you may have increased night glare or halos, double vision, ghost images, impaired depth perception, blurry vision, and trouble driving at night (the risk for this is much higher when using a multifocal IOL). The ophthalmologist might not be able to put in the IOL you choose. In addition, the IOL may later need to be repositioned or replaced.

Depending upon the type of anesthesia, other risks are possible, including cardiac and respiratory problems, and, in rare cases, death.

There is no guarantee that cataract surgery or astigmatism reduction will improve your vision. As a result of the surgery and/or anesthesia, it is possible that your vision could be made worse. In some cases, complications may occur weeks, months or even years later. These and other complications may result in poor vision, total loss of vision, or even loss of the eye in rare situations. You may need additional treatment or surgery to treat these complications. This additional treatment is not included in the fee for this procedure.

**YAG LASER CAPSULOTOMY**: After cataract surgery, it is very common to eventually develop some haze behind the IOL. This forms a film that can make the vision worse again, much like that when the cataract was present. This can happen a few months or many years after cataract surgery. When this interferes with vision, it can be cleared with a YAG laser. This procedure, called YAG Laser Capsulotomy, is usually done in the hospital or surgery center, takes a few minutes, is painless, and usually restores the vision to the way it was initially after cataract surgery.

**RISKS OF NOT UNDERGOING CATARACT SURGERY**
If you do not undergo cataract surgery, your cataract will worsen with time. Although this does not generally cause other damage to the eye, your risk of falling and sustaining a hip fracture or other injury, or of being involved in a car accident if you drive, may be higher because of the cataract. The cataract may become more difficult to remove, and the surgery more risky, if the cataract grows too dense. In rare instances, the cataract can grow so much that it causes sudden severe glaucoma or inflammation, leading to permanent damage to the eye and loss of vision.
LENS SELECTION: RIGHT EYE

STANDARD IOL (covered by insurance) ______
*good for either distance OR near vision, will need reading or distance glasses

IF SELECTING STANDARD IOL PLEASE SELECT WHETHER YOU PREFER TO BE CORRECTED FOR NEAR OR FAR:

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<thead>
<tr>
<th>NEAR</th>
<th>FAR</th>
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<tbody>
<tr>
<td>CRYSTALENS IOL: $2750 (each eye)</td>
<td>______</td>
</tr>
<tr>
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<tr>
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<td>______</td>
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<tr>
<td>*good for distance and near vision (may still need glasses)</td>
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<tr>
<td>ACRYSOFT TORIC: $1750 (each eye)</td>
<td>______</td>
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<tr>
<td>*for high astigmatism (may still need glasses)</td>
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LENS SELECTION: LEFT EYE

STANDARD IOL (covered by insurance) ______
*good for either distance OR near vision, will need reading or distance glasses

IF SELECTING STANDARD IOL PLEASE SELECT WHETHER YOU PREFER TO BE CORRECTED FOR NEAR OR FAR:

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_________________________________________  _________________________________________
Patient Name                             Patient Signature/Authorized Representative

_________________________________        _____________________________
Date                                      (5)
INFORMED CONSENT FOR USE OF A FEMTOSECOND LASER DURING CATARACT SURGERY WHEN A PREMIUM IOL IS IMPLANTED, DURING REFRACTIVE LENS EXCHANGE SURGERY, OR TO TREAT ASTIGMATISM

WHAT IS THE FEMTOSECOND LASER?

The femtosecond laser is a medical device that can be used for many purposes; it was recently approved by the Food and Drug Administration to perform some of the steps of surgery to remove a cataract or cloudy lens (approved use). It is also being used to perform some of the steps of surgery to remove a clear lens or refractive lens exchange (RLE), and to make arcuate incisions in the cornea (AK) to reduce astigmatism. There are benefits and risks associated with the use of the laser, and there may be additional costs. This section of the consent document will provide information to help you decide if you would like your eye surgeon (ophthalmologist) to use the laser to perform parts of the cataract/refractive lens surgery or to reduce astigmatism.

HOW DOES SURGERY WITH THE LASER DIFFER FROM TRADITIONAL SURGERY TO REMOVE THE LENS? WHAT ARE THE POSSIBLE BENEFITS?

Traditionally, the eye surgeon uses blades to create the incisions in the cornea (the front window of the eye), and other special instruments to create the capsulotomy (the circular incision in the outer layer of the cataract or clear lens). The surgeon also uses a phacoemulsification device that utilizes ultrasound power to break up the lens and remove it from the eye. The femtosecond laser can be used to perform some or all of these steps. The possible benefits of the laser include the ability to make more precise and consistent incisions in the cornea, a more circular and centered capsulotomy, and to pre-soften the cataract so less ultrasound energy is necessary with the phacoemulsification device.

HOW IS THE LASER USED TO TREAT ASTIGMATISM?

Patients with astigmatism have several choices for the reduction of astigmatism. Nonsurgical options for astigmatism correction include glasses and contact lenses. Surgical correction of astigmatism can be achieved through a toric intraocular lens, a limbal relaxing incision (LRI) made manually with a blade, or an arcuate incision made with the femtosecond laser (AK). Refractive surgery such as LASIK or PRK can also treat astigmatism. The shape and size of incisions made with the laser may be more precise.
WHAT ARE THE COMPLICATIONS ASSOCIATED WITH THE FEMTOSECOND LASER?

Use of the laser could increase the time needed to perform the surgery, and you may need to have the procedure performed in two different locations or two different rooms at the surgery center. It could also lead to complications, which include but are not limited to: decentration of the corneal or capsulotomy incisions; incomplete or interrupted capsulotomy, fragmentation, or corneal incision procedure; anterior capsular tear; posterior capsular tear with lens/lens fragment dislocation into the vitreous; corneal abrasion or defect; pain; infection; bleeding; damage to intraocular structures; anterior chamber fluid leakage; anterior chamber collapse; and elevated eye pressure.

In the case of an interrupted or incomplete corneal incision, the laser can be recentered and the incisions repeated at a different location, or the incisions can be completed using hand-held blades. In the case of an incomplete or interrupted capsulotomy, the procedure may be immediately repeated with a slightly larger diameter to complete the capsulotomy or the surgeon may elect to complete the procedure using traditional manual capsulotomy methods. In the case of an incomplete or interrupted fragmentation, the procedure can be repeated after recenteration or the surgeon may elect to complete fragmentation using conventional phacoemulsification treatment. In the case of loss of lens fragments into the vitreous, a separate procedure called a vitrectomy may be necessary to remove the vitreous and lens fragments.

FOR MORE INFORMATION, PLEASE VISIT THE FOLLOWING WEBSITES:

For Somerset Eye Institute:

www.optimedica.com

For Riverview Medical Center:


PATIENT’S ACCEPTANCE OF RISKS

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing below, I agree that my doctor has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits, and alternatives of cataract surgery with a femtosecond laser.

I wish to have a cataract surgery operation with a femtosecond laser on my ____________________ (state “right” or “left” eye).

__________________________________________

Patient (or person authorized to sign for patient)
PATIENT'S ACCEPTANCE OF RISKS
I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing below, I agree that my doctor has answered all of my questions, that I have been offered a copy of this consent form, and that I understand and accept the risks, benefits, and alternatives of cataract surgery. I have checked my choice for astigmatism correction and type of IOL.

PATIENT CONSENT
I have reviewed all (7) pages of this Informed Consent.

_________________________________________  ______________________________________
Patient Name                                Patient Signature/Authorized Representative
FINANCIAL RESPONSIBILITY CONSENT

It is your responsibility to check with your insurance carrier to determine any out of pocket expenses you may incur. You may have a co-pay, deductible, or co-insurance amount due for surgical procedures. These amounts are not usually reported to providers at the time of authorization or pre-certification. When calling your insurance company give them the code 66984 to check your specific benefits for cataract surgery. You should check benefits for both the physician and facility (including anesthesia).

The following are NEVER covered by insurance and must be paid for at the time of service. Patients should expect that this fee WILL NOT be reimbursed after his/her insurance company pays for the surgery or if he/she continues to need eyeglasses after surgery.

The below costs (pertaining to premium lenses) include the additional cost of the lens as well as the additional services (including use of femtosecond laser), time, training and testing needed for physician to place the lens. It also covers any additional procedures that may be required to rotate the lens.

<table>
<thead>
<tr>
<th>Lens Type</th>
<th>Cost</th>
<th>Notes</th>
</tr>
</thead>
</table>
| CRYSTALENS IOL:                 | $2750   | (each eye) 
*good for distance and intermediate vision |
| TECNIS/RESTOR IOL:              | $2750   | (each eye) 
*good for distance and near vision |
| ACRYSOFT TORIC:                 | $1750   | (each eye) 
*for high astigmatism |
| FEMTOSECOND CATALYS/LENSX LASER | $1250   | (each eye) 
*for laser assisted cataract surgery (no astigmatism) |
| FEMTOSECOND CATALYS/LENSX LASER | $1250   | (each eye) 
*for laser assisted cataract surgery (with correction for astigmatism) |

*PATIENTS HAVING SURGERY AT RIVERVIEW* If you have chosen a specialty lens, the hospital will bill you for a portion of the above listed amounts. You will be expected to make payment arrangements with us for the remainder.

By signing this consent I am assuming responsibility for payment of any amount not covered by my insurance carrier. I understand that I should call the member services number located on my ID card for patient specific information prior to my surgical date.

__________________________________________________________________
Patient Name Patient Signature

__________________________________________________________________
Witness Name Witness Signature
NEED FOR MEDICAL CLEARANCE AND REFERRALS

Due to the administration of IV sedation/anesthesia, it is required that you are medically cleared for surgery by your primary care doctor. **YOU MUST PHYSICALLY SEE YOUR DOCTOR FOR THIS.**

You must have a recent EKG (within 6 months of surgery date - 1 year for CAMIS surgery center) and a History and Physical (within 30 days of each surgery).

If the EKG and History and Physical are not received within 2 days of the surgery, your procedure will have to be cancelled. **It is the patient's responsibility to make sure this is done.**

If your insurance company requires referrals, it is your responsibility to obtain one for both Dr. Collur and the surgery center or hospital (2 separate).

__________________________________________________________
Patient Name

__________________________________________________________
Patient Signature

__________________________________________________________
Witness Signature
Visual Functioning:

Do you have difficulty, even with glasses, with the following activities?

1. Reading small print, such as labels on medicine bottles, telephone books, or food labels? □ Yes □ No
2. Reading a newspaper or book? □ Yes □ No
3. Reading a large-print book, or large-print newspaper, or large numbers on a telephone? □ Yes □ No
4. Recognizing people when they are close to you? □ Yes □ No
5. Seeing steps, stairs, or curbs? □ Yes □ No
6. Reading traffic signs, street signs, or store signs? □ Yes □ No
7. Doing fine handwork like sewing, knitting, crocheting, or carpentry? □ Yes □ No
8. Writing checks or filing out forms? □ Yes □ No
9. Playing games such as bingo, dominoes, or card games? □ Yes □ No
10. Taking part in sports like bowling, handball, tennis, or golf? □ Yes □ No
11. Cooking? □ Yes □ No
12. Watching television? □ Yes □ No

Symptoms:

Have you been bothered by:

1. Poor night vision? □ Yes □ No
2. Seeing rings or halos around lights? □ Yes □ No
3. Glare caused by headlights or bright sunlight? □ Yes □ No
4. Hazy and/or blurry vision? □ Yes □ No
5. Seeing well in poor or dim light? □ Yes □ No
6. Poor color vision? □ Yes □ No
7. Double vision? □ Yes □ No
Driving

1. Have you ever driven a car? □ Yes (continue) □ No (stop)
2. Do you currently drive a car? □ Yes (continue) □ No (stop)
3. How much difficulty do you have driving during the day because of your vision?
   □ No difficulty.
   □ A little difficulty.
   □ A moderate amount of difficulty.
   □ A great deal of difficulty.
4. How much difficulty do you have driving at night because of your vision?
   □ No difficulty.
   □ A little difficulty.
   □ A moderate amount of difficulty.
   □ A great deal of difficulty.
5. When did you stop driving?
   □ Less than 6 months ago.
   □ 6 to 12 months ago.
   □ More than 1 year ago.

Cataract surgery can almost always be safely postponed until you feel you need better vision. If stronger glasses will not improve your vision anymore, and if the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery now? □ Yes □ No

Patient Signature: ______________________________ Date: __________________
Thank you for selecting our practice for your vision treatment. If you are experiencing blurry vision or just can't see as well as you used to, one possible cause could be a cataract. Cataract is a term used to describe a clouding of the natural lens inside your eye. The only treatment for a cataract is to replace it with a clear lens implant. Today, you have options for lens implants that meet your specific vision needs and can possibly reduce or eliminate your need for glasses in most situations.

An important first step in your cataract treatment is this lifestyle questionnaire. This will help us understand what it most important to you. If it has been determined that you have a cataract, we will recommend the lens the best suits your lifestyle and eye health. Please fill out this form completely, and we will review it with you during your visit.

1. Are you interested in having a full range of vision with independence from glasses after your vision treatment?
   - It's very important to me NOT to wear glasses, especially to read or see things up close.
   - It's not important to me. I DON'T MIND wearing glasses.

2. In our daily lives, there are different things that require us to see at different distances. We have grouped some of these activities into five zones. Check the zone group that best describes the activities you feel are most important to your lifestyle.

   - Zone Group 1&2
   - Zone Group 3&4
   - Zone Group 4&5

<table>
<thead>
<tr>
<th>Zone 1</th>
<th>Zone 2</th>
<th>Zone 3</th>
<th>Zone 4</th>
<th>Zone 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading newsprint</td>
<td>Reading headlines</td>
<td>Indoor activities</td>
<td>Daytime: seeing far away</td>
<td>Nighttime: seeing far away</td>
</tr>
<tr>
<td>Phonebook</td>
<td>Computer</td>
<td>Watching TV</td>
<td>Driving</td>
<td>Night driving</td>
</tr>
<tr>
<td>Maps</td>
<td>Menus</td>
<td>Cooking</td>
<td>Golf</td>
<td>Watching movies</td>
</tr>
<tr>
<td>Sewing</td>
<td>Price tags</td>
<td>Cleaning</td>
<td>Reading road signs</td>
<td>Star gazing</td>
</tr>
<tr>
<td>(12-20 in)</td>
<td>(2-4 ft)</td>
<td>(6-20 ft)</td>
<td>(20-100 Ft)</td>
<td>(100+ ft)</td>
</tr>
</tbody>
</table>
3. (True/False: Read the statements below and circle “T” or “F” as they apply to you:

T  F  I enjoy daytime activities, such as golfing, gardening, and sightseeing.
T  F  I drive a fair amount during the day.
T  F  I drive a fair amount at night.
T  F  I enjoy dining out in restaurants.
T  F  I enjoy watching TV or movies at night.
T  F  I enjoy reading.
T  F  I use the computer a fair amount.

4. If you could have full range of vision with independence from glasses, would you be willing to tolerate some halos and glare around lights at night?

[] Yes
[] No
[] I'm interested, but could like more information

5. Consider your personality. On the scale below, rank your personality by circling the area on the scale that best fits your personality type.

Easygoing  In the Middle  Perfectionist

Patient Signature: ___________________________________________  Date: _____________________