



Richard Stewart, M.D.

GENERAL CONSENT FOR MEDICAL AND SURGICAL PROCEDURES

I, _____ have been given information about my condition and the recommended surgical, medical, or diagnostic procedure(s) to be used. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure(s).

I elect to have surgery performed by Dr. Stewart.

1. **Condition:** It has been explained to me that the following condition(s) exist in my case:

Medically Significant Cataract with: Astigmatism Hyperopia Myopia Presbyopia

2. **Proposed Procedure(s):** Cataract extraction with intraocular lens implant.

3. **Risks/Benefits of Proposed Procedure(s):**

A. Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks include allergic reaction, bleeding, blood clots, infection, adverse side effects of drugs, blindness or loss of the eye, and even loss of bodily function or life.

B. I also realize that there are risks associated with the procedure(s) proposed for me and that these risks include but are not limited to those enumerated later in the consent form.

4. **Complications; Unforeseen Conditions; Results:** I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the proposed procedure(s), unforeseen conditions may be revealed that require the performance of additional procedures, and I authorize such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

5. **Acknowledgments:** The available alternatives (one of which is waiting for another time), have also been explained. The potential benefits and risks of the proposed procedure(s) and the likely result without such treatment have been explained to me. I understand what has been discussed with me as well as the contents of this consent form. I have been given the opportunity to ask questions and have received satisfactory answers.

6. **Consent to Procedure(s) and Treatment:** Having read this form and talked with the physicians, my signature below acknowledges that I voluntarily give my authorization and consent to the performance of the procedure(s) described above and in the addenda (1,2,3) (including the administration of blood and disposal of tissue) by my physician and/or his/her associates assisted by hospital personnel and other trained persons as well as the presence of observers.

Patient Name: _____ Patient Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

Surgeon Name: Richard Stewart, MD Surgeon Signature: _____ Date: _____

Informed Consent for Cataract Surgery or Refractive Lens Exchange-Addendum 1

WHAT IS A CATARACT, AND HOW IS IT TREATED?

The natural lens in the eye eventually becomes cloudy, a condition called “cataract”. Adult cataracts typically develop from normal aging, injury, or certain medications. Cataracts cause blurred vision, dull or dim vision, sensitivity to light and glare, and/or ghost images. If the cataract reduces vision so that it interferes with your daily life, the cataract can be removed surgically to improve your vision. In rare cases, a cataract needs to be removed for medical reasons rather than for vision reasons. You can decide not to have the cataract removed. If you don’t have the surgery, your vision loss from the cataract will normally continue to progress.

HOW WILL REMOVING THE CATARACT AFFECT MY VISION?

When the lens inside the eye becomes cloudy, a surgical lens exchange clears the vision. During the surgery, the Ophthalmologist (eye surgeon) removes the cataract (cloudy natural lens) and puts in a clear manufactured artificial lens called an “intraocular lens”, or IOL. Such lenses have been well tested. Cataract surgery will not correct other causes of decreased vision such as glaucoma, diabetes, or age-related macular degeneration. Many patients enjoy less dependence on glasses after surgery, *but some people with perfect surgery may still need to wear some glasses or contact lens after cataract surgery for certain visual tasks. It is important to realize that cataract surgery can significantly reduce dependence on glasses but there is no current technology to allow perfect vision at every distance without some glasses correction.*

EXAMINATIONS PRIOR TO SURGERY

Once you elect surgery, you will undergo a complete eye examination. This includes a test to determine your eyeglass prescription (refraction), measurement of your vision with and without glasses (visual acuity), measurement of the pressures inside your eye (tonometry), measurement of the curvature of your cornea (keratometry), measurements of the length of your eye (axial length), intraocular lens calculation (biometry) to determine the best estimate of the proper power of the implanted IOL, microscopic examination of the front part of your eye (slit-lamp examination), and an examination of the retina of your eye with your pupils dilated.

NEED TO STOP WEARING CONTACT LENSES PRIOR TO TESTING

If you wear contact lenses, you must stop all contact lens wear for a period of time before your preoperative eye examination. If you wear contact lenses, tell the surgical scheduler, and you will be counselled as to what to do. The contact lens rests on the cornea and can distort the corneal shape, which can affect the accuracy of the measurements for the IOL power. Stop wearing soft contact lenses for one week, and rigid (including gas permeable and standard hard) contacts for at least two weeks before preoperative measurements are performed. If you wear rigid contacts, your vision will usually vary for a while as your corneas change shape. Although the cornea usually returns to its natural state within three weeks, this process may take longer, and you will need to remain contact lens free until your vision and cornea measurements stabilize. It is well worth the short-term annoyance of being out of contact lenses to achieve the best long term vision after cataract surgery.

MORE INFORMATION ABOUT MEASURING YOUR EYE

The methods used to calculate the power of the IOL are very accurate in most patients, but the final optical result may be different from what you and your surgeon had planned. As the eye heals, the IOL can shift unpredictably very slightly toward the front or the back of the eye. The amount of this shift is not the same in everyone, and it may cause different focusing than predicted. If this occurs, in most cases the eye sees well but just needs a different glasses prescription for the best focusing than what was planned. This can be frustrating. If the eye’s visual power after surgery is considerably different than what was planned, surgical replacement of the IOL or placement of a second corrective lens implant might be considered. In some cases, refractive surgery such as LASIK or PRK can be performed after full healing, usually after 3 months. *Patients who are highly nearsighted or highly farsighted have the greatest risk of differences between planned and actual outcomes. Patients who have had LASIK, PRK, RK or other refractive surgeries are especially difficult to measure precisely. These are well known issues even for very experienced surgeons.*

In any eye, the use of a device called “ORA” can be used during surgery to obtain additional measurements regarding the “best” power of IOL to use, and, when astigmatism is being managed, how best to use that lens to correct for astigmatism. By providing real-time measurements of how the eye focuses once the cataract is removed, the ORA guides the surgeon in confirming that the best IOL is being used, and allows modifications of lens power choices as well. Such measurements are especially helpful when the eye has had prior refractive surgery, is highly near or far-sighted, has astigmatism, or has had an old injury.

WHAT TYPES OF IOLs ARE AVAILABLE

Your eye doctor will help you decide on the type of IOL that will best replace your cataract. There are IOLs available to treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. IOLs that treat astigmatism are called "toric" IOLs and reduce astigmatism at all distances. Most lens implants minimize glasses needs at either near or far distances; such single focus lenses are called "monofocal" IOLs because they focus light at one point (near OR far). Some newer IOLs can provide for near, intermediate, and distance vision; such multiple focus lenses are called "multifocal" or "accommodative" lens implants. These latter types of lenses help to reduce glasses needs at far distance, and at computer and reading distances as well (but without guarantee of spectacle independence).

PRESBYOPIA AND ALTERNATIVES FOR NEAR VISION AFTER SURGERY

Patients who have cataracts have, or will eventually develop "presbyopia", which is not nearsightedness or farsightedness, but a condition caused by aging that develops when the eye loses its ability to shift focus between distance and near. Presbyopia is the reason that reading glasses become necessary at about 40 years of age, even for people who used to have excellent distance and near vision without glasses. Presbyopic individuals require bifocals or separate (different prescription) reading glasses to see clearly at close range.

When cataract surgery is performed, there are several options available try to reduce glasses needs at both far and nearer distances. None are perfect, but they typically improve daily functioning by reducing glasses needs.

- **GLASSES.** You can choose to have a monofocal (single focus) IOL implanted for distance vision in BOTH eyes, and wear separate reading glasses, or have the IOL implanted for near vision in BOTH and wear separate glasses for distance. This gives the best binocular vision because the eyes are focused at the same point.
- **MONOVISION.** You may also elect to have IOLs with two different powers, one eye for near vision and one eye for far distance vision. This combination of a distance eye and a reading eye is called "monovision". Many patients who wear contacts or who have had refractive surgery have monovision and are happy with it; indeed, if you already have mono-vision, the best surgical approach may be to plan this outcome.
- **MULTIFOCAL IOL.** If the eye is healthy enough, you could select a "multifocal" or "accommodative" IOL. This is a newer, "deluxe" type of IOL that provides distance vision AND restores most your eye's ability to see at near or at intermediate distances. Certain lenses such as "Restor" and Symfony split light and thus can be expected to normally produce some halo or glare at night in exchange for reduced glasses for near tasks. Other lens types have less glare issues, but may not allow as good vision without glasses at near. Your doctor will help counsel you as to reasonable lens choices, based on your desires and the overall health of the eye.

MORE INFORMATION ABOUT MONOVISION

If you would prefer not to have to wear glasses for quick tasks like looking at your cell phone, a menu, a computer, or an invoice, then you might be interested in monovision. Your doctor will discuss and may try to demonstrate monovision with glasses or even contact lenses to simulate the type of vision. Because your vision is decreased by the cataract, it is not possible to show you exactly what your postoperative vision will be like. If you have been wearing contacts lens for monovision, you will most likely be very happy with this option for after cataract surgery, even more so than a multifocal or accommodative IOL. Although many patients who never tried monovision will adjust well to it, some may find it uncomfortable. For those patients, the monovision can usually be reversed by elective laser vision correction, but this surgery will not be covered by your medical insurance.

To have good depth perception, your eyes need to be corrected for any refractive problems such as nearsightedness or farsightedness, and "balanced" to work together. Monovision or "blended" vision can impair depth perception to some extent, because the eyes are not focused together at the exact same distance. When planning mono-vision, it is important to first choose which eye you will use for distance vision; in most cases, the "dominant" eye is preferred for far distance. Several tests can be performed to determine which eye is dominant. With monovision, the dominant eye is usually corrected for distance, and the non-dominant eye corrected for near or for intermediate distance. Most monovision patients will often be more comfortable wearing glasses to balance their vision for prolonged reading tasks or for driving (especially at night), or for sports like tennis or golf, so you will most likely still need to wear glasses from time to time even with perfect monovision.

INFORMATION ABOUT TREATING ASTIGMATISM

Patients with nearsightedness and farsightedness often also have astigmatism. Astigmatism is usually 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 because it will not focus light as well as a round corneal shape.

There are several treatment options for corneal astigmatism: 1) you can have an IOL for near or distance vision and continue to wear glasses or contact lens for the astigmatism; 2) you can have a toric (astigmatism correcting) IOL placed in your eye in order to correct the astigmatism, 3) you can have refractive surgery called LASIK or PRK; or, 4) your surgeon can make a small incision in the cornea called a "limbal relaxing incision" in order to make the corneal surface more round. Sometimes, several options are combined to achieve the best final result, either during or after surgery.

ANESTHESIA, PROCEDURE, AND POSTOPERATIVE CARE

Before surgery, the eye is numbed with either drops or an injection (local anesthesia). Most patients enjoy light sedation to reduce anxiety, but typically not much sedation is needed. Once the eye is numb and the patient relaxed, an incision is made in the eye (cornea). (This is usually self-sealing but it may require closure with very fine stitches (sutures) which will gradually dissolve over time). The cloudy lens of the eye is then removed. There are several ways to remove the lens; the most common technique is called phacoemulsification, which uses a vibrating probe to break the lens up into small pieces. These pieces are gently suctioned out of the eye through a small, hollow probe inserted through the small incision. In some cases, a laser such as LensX may assist surgery by softening the cataract and making some of the incisions for surgery. After the cloudy natural lens is removed, the new lens implant is placed inside the eye. In rare cases, it may not be possible to implant the planned IOL or any IOL at all.

Your eye will be examined the day after surgery by your surgeon or an eye doctor chosen by your surgeon, and then at regular intervals. The eye is treated with medicated drops for about 3 to 4 weeks, depending on your individual rate of healing. If you have chosen monovision or a multifocal IOL to reduce your dependency on glasses or contacts, drops may still be required either for further improvement in your distance vision, reading vision, or both. You should be able to resume your normal activities within 2 or 3 days, and your eye will usually be stable within 3 to 4 weeks, at which time the eye is again tested to check for any glasses needs.

WHAT ARE THE RISKS OF CATARACT SURGERY?

Sometimes, unwanted events occur despite perfect planning and the execution of perfect surgery steps, so like any type of surgery, no guarantees of outcome for eye surgery can be made. In eye surgery, the most worry some event is infection, which is fortunately rare at 1-2 cases per 1,000, but can cause poor vision or even loss of the eye itself, despite the use of antibiotics. Risks to the body including unexpected reactions to medication may cause problems with breathing or the heart, or rarely cause death, but these sorts of things are very rare as well.

More common issues that can occur even for a highly skilled surgeon include swelling of the cornea or swelling of the macula (retina) and such things as retinal tears or retinal detachments. Occasionally, the thin membrane that holds the natural lens may break or be unstable at the time of surgery, and this may require additional surgery that day or at a later date. Sometimes a small piece of cataract fragment may hide in the front or the back of the eye and need to be removed later, if it were to cause problems. Significant bleeding is unusual in eye surgery; most often there is a little bruising outside on the white of the eye which is inconsequential. The eye pressure may be too high after surgery. Occasionally, the upper lid may droop somewhat after surgery, usually due to the eyelid holder required to keep the eye open.

Fortunately, most of these issues are effectively treatable, and may not necessarily reduce long term vision. Your eye will be examined very closely on a regular schedule. Other issues may arise that are not listed here.

It is not unusual to need a laser therapy at some point after perfect cataract surgery to polish open the thin membrane (capsule) that holds the lens implant- this membrane normally thickens to some extent after surgery and this is not a complication but just the way the eye heals; such laser is office based and straightforward to do. Such laser treatment, when needed, is typically covered by insurance and is not scheduled or included in the initial surgical care plan. (Please refer to the section on YAG laser capsulotomy for more information)

With regard to focusing and vision, the goal with cataract surgery is first and foremost, to improve the vision as much as possible with or without glasses, and the second goal is to try to reduce glasses needs for particular (but not all) lighting and distance conditions. The choices and types of lens implants are reviewed elsewhere in this document. It is important to know that each lens has its own benefits and drawbacks- for example, a "diffractive" lens implant such as Restor may normally cause some glare and halos at night in exchange for improved near vision with less glasses dependence, and this is a normal function of that lens rather than a complication. *The need for some glasses or contact lens correction for some visual tasks after cataract surgery is expected and is not a complication.* Surgery will not make the eye a young healthy eye again, but most often, surgery will allow substantial independence of glasses for many tasks.

Rarely, a significant difference in glasses needs can occur so that the measured outcome after surgery is different than the measured prediction, despite accurate pre-operative measurements and use of the ORA. This means that in some cases the eye focuses well but has more glasses needs to achieve that good focus at a point than planned. When this happens, the eye is re-measured and if needed, a lens exchange or placement of a second "fine tuning" lens implant may be performed soon after the initial surgery. Alternatively, refractive surgery such as LASIK or PRK might be done 3 or more months after cataract surgery to reduce that glasses need. It can be frustrating when everything goes well and a surprise occurs, but this can happen and it can be effectively treated.

There is no guarantee that cataract surgery will improve the 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 may not be included in the fee for the original procedure.

WHAT TO EXPECT WITH CATARACT SURGERY

1. **Mild discomfort:** Cataract surgery is typically not uncomfortable. Mild discomfort for the first 24 hours is typical, but severe pain is extremely unusual and should be reported immediately to the surgeon. Most often, the eye will normally feel dry or like there might be an eyelash rubbing for a day or two.
2. **Eye Dryness:** Dry eye is common in Colorado, and eye surgery normally makes the eye temporarily more dry. Be sure to lubricate the eye often with artificial tear drops. Sometimes a course of dry eye therapy is even needed before cataract surgery, and may delay the surgical date.
3. **Eye Redness:** It is not uncommon to have some bruising of the eye surface, like a broken blood vessel; this bright red appearance generally clears after a few days to a week.
4. **Lens Implant Related Changes in Vision:** The lens implant focuses light differently than the natural lens, and some typical lens related short term vision changes can include night glare and/or halos, double or ghost image associated with some short term "flickering" (bright or dark) of far side vision; these typically subside over time. (The eye will be dilated for 1-2 days after surgery and so will be light sensitive and somewhat blurred from the dilation). Often people need less light for night activities and lower wattage bulbs at home, but may find they need sunglasses more often during the day.
5. **Multifocal (multiple focus) IOLs:** These typically reduce dependency on glasses but might also result in less sharp overall vision, which may become worse in dim light or fog (reduced contrast sensitivity). These are known reported issues with these types of implants. Currently this is more noted with the Restor +3.0 add lens (for near) and less with the Restor +2.5 add lens (for intermediate) and even less with the Crystalens (for distance and intermediate) and the Symphony IOLs. 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, or if you want the sharpest clearest vision and do not mind wearing some sort of glasses for certain condition, a non-diffractive IOL would be better suited for you. If you chose a multifocal IOL, it is possible that not all the near (and intermediate) focusing ability of your eye will be restored. Additional treatment and/or surgery may be necessary.
6. **Non-Cataract Vision Limitations:** Other factors may limit the visual outcome of cataract surgery, including other eye diseases present before surgery such as glaucoma, diabetic retinopathy, age-related macular degeneration. In some cases, it is not possible to identify early macular degeneration, subtle retinal scarring and other causes of limited vision, because the cataract limits a clear view to the retina.
7. **What to expect between the first and second eye surgery:** Surgery is performed on one eye at a time, so you may experience a period of imbalance between the two eyes, called "anisometropia". In the absence of complications, surgery in the second eye can usually be accomplished within 2 weeks. In some cases, this imbalance cannot be corrected with eyeglasses because of the marked difference in the glasses prescriptions, so you might either temporarily have to wear a contact lens in the non-operated eye or will use the "best" eye for visual tasks. Such an imbalance typically occurs in a very nearsighted patient whose first eye now does not need glasses for distance after cataract surgery, and where the unoperated eye still needs glasses. The eyes might feel like they "fight" but this does not harm the eyes. Most people find that they just rely on one or the other eye just fine in the short term.
8. **LenSx Laser Assisted Surgery:** If you decide to have the laser assist with parts of your cataract surgery, the surgeon will use the LensX laser to first do a real time scanning image of the eye that shows the surgeon the exact location, thickness, and shape of the eyes structures. The surgeon can then mark where the incisions and technically demanding elements of the surgery should be placed. The laser then delivers micro pulses of energy to these areas to make those parts of the surgery more precise. The general risks of using the laser to help with the refractive parts of cataract surgery fall into the same categories as standard cataract surgery. The chance of the complications may be lessened by the extra precision of the laser or elevated depending on the circumstances. During the laser treatment, the eye is held still with a special contact lens. This commonly causes red spots on the white part of the eye which clear soon after surgery.

PATIENT'S ACCEPTANCE OF RISKS

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. If my surgeon discovers unexpected conditions that require different treatments from what is planned, I authorize my surgeon to perform and such other procedure(s) my surgeon feels is (are) medically/surgically appropriate. By signing this consent, I allow the presence of observers, the filming of the procedure and its use in educational or scientific publications or presentations. Signing this consent permits the release of any pertinent medical information to other health care providers and provides for me to receive information or test results from them that can be entered onto my surgical chart. By signing below, I agree that my doctor has answered all 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.

Patient Name: _____ Patient Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

Surgeon Name: Richard Stewart, MD Surgeon Signature: _____ Date: _____

Informed Consent for Planned Treatment for Cataract Surgery – Addendum 2

After thorough discussion with my doctor(s), I elect to have the following for the surgery. My first choices include at what distance I want to minimize my glasses needs for each eye, and, if astigmatism is present, if I need or desire to correct the astigmatism to further reduce my glasses needs after surgery.

 ☐ **BOTH Eyes Set for DISTANCE.** The goal is to have both eyes targeted for minimal glasses needs at far distance vision, and in addition, plan to wear bifocal, progressives, and/or reading glasses for intermediate and very near tasks. I understand I may still need to wear glasses for distance vision also but that the prescription power for far distance should be decreased. If I have astigmatism, this may need to be corrected to further reduce my glasses needs.

 ☐ **BOTH Eyes Set for NEAR or Near-Intermediate.** The goal is to have both eyes targeted for minimal glasses needs for near or at arm's length distance vision (intermediate distance). In this case, intermediate-near tasks should be accomplished with minimal glasses needs, but some glasses for distance are normally expected to be required. There is still the option of using bifocals, progressive lenses or just distance glasses only, depending on the situation. If I have astigmatism, this may need to be corrected to further reduce my glasses needs.

 ☐ **Mono-Vision with one eye Distance and one eye Near.** The goal is to help decrease my dependence on distance and near glasses by setting one eye for near and one eye for far distances. I understand that I may still need glasses for either distance or near tasks to fine tune my vision, if needed. Monovision will normally reduce my binocular vision, but this can generally be corrected with glasses or a contact lens, if needed. If I have astigmatism, this may need to be corrected to further reduce my glasses needs.

I wish the: ☐ Right ☐ Left eye to be my: ☐ Distance eye ☐ Near eye

 Extended Focus IOL (Vivity): The goal is to correct distance vision and intermediate vision with possibility of attaining some near vision depending on how close the object is help and the amount of light present. Most patients find readers necessary to enhance near vision but function well at intermediate arm's length ranges. Even though all IOL's can result in some night glare, the extended focus IOL may come with a lesser risk of night vision disturbances, such as halos, starbursts or glare, as compared to other multifocal IOL options. Dry eyes and ocular surface issues before and after the surgery can contribute to visual blur or fluctuations and will need to be managed promptly.

 ☐ **Trifocal IOL.** The goal is to correct near, intermediate and distance vision while reducing the need for glasses after surgery. Astigmatism correction (even small amounts) and any small distance glasses requirements will need to be corrected for the best overall lens function. Dry eye symptoms can contribute to visual blur and will need to be managed particularly in the use of a trifocal IOL.

 ☐ **"Accommodative" IOL for Reduced Glasses Needs: For Distance and Intermediate:** The goal is to use a lens implant that minimizes glasses for far distance, but allows the eye muscles to change the lens power to focus at intermediate. The Crystalens and Trulign are examples of such lenses. Some glasses needs for near and very close reading are commonly required. Distance haloes and glare are less than with the Restor. Astigmatism correction is generally needed for the best lens function.

Informed Consent for Planned Treatment for Cataract Surgery – Addendum 2 (continued)

New Technology Options Requiring an extra fee:

_____ ☐ **TORIC** Astigmatism Correcting IOL.

_____ ☐ **MULTIFOCAL IOL, TRIFOCAL IOL, Extended Focus IOL and Accommodative IOL.** I understand that I may still need glasses for specific tasks, and for reading vision with the Crystalens, Trulign lens, Restor +2.5 lens PanOptix lens, Vivity lens, and the Symphony lens. I understand the clarity and quality of my vision may be slightly compromised with the multifocal design of the Restor lens. I understand I may have halos around lights at night with the Restor lens, PanOptix lens and possibly Symphony lens.

_____ ☐ **LIMBAL RELAXING INCISIONS.** I understand these incisions may help reduce corneal astigmatism and thus reduce glasses dependence after surgery. I understand I may still have residual astigmatism for which I may need glasses or later “tough-up” surgery to correct.

_____ ☐ **LenSx** – Bladeless Laser Option for Cataract Surgery for increased precision with the least amount of trauma.

_____ ☐ **ORA** (Optiwave Refractive Analysis) – Intraoperative precise measurement of the most ideal power to be implanted in my eye. I understand this is an Intraoperative measurement that is expected to allow some “fine tuning” of the IOL selected in the operating room.

Most new technology options are not covered by insurance. I understand and agree to pay additional fees for the technology upgrade selected above.

This payment for new technology is in addition to my co-pay, deductible and any covered primary or supplemental insurance benefit. Payment for my upgraded lens and/or procedure is due before my surgery. I will not seek payment for upgrades from my insurance company. I understand I will also need to purchase prescription eye drops and use them as instructed by my doctor.

Patient Name: _____ Patient Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

Surgeon Name: Richard Stewart, MD Surgeon Signature: _____ Date: _____

New Technology for Cataract Surgery Waiver – Addendum 3

This is to certify that the new technologies for Cataract surgery as listed below have been thoroughly discussed with me and I elect to **NOT** proceed with:

_____ ☐ **LenSx Laser Cataract** option that induces the least amount of trauma to the surgery, increases precision, and assists in the management of astigmatism.

_____ ☐ **ORA (Optiwave Refractive Analysis)** to more precisely assess the best power of the lens implant for my eye, especially helpful in eyes with astigmatism, high levels of nearsightedness and farsightedness, and eyes that have had previous refractive surgery such as LASIK and PRK.

TO MY:

_____ ☐ RIGHT EYE

_____ ☐ LEFT EYE

Patient Name: _____ Patient Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

Surgeon Name: Richard Stewart, MD Surgeon Signature: _____ Date: _____