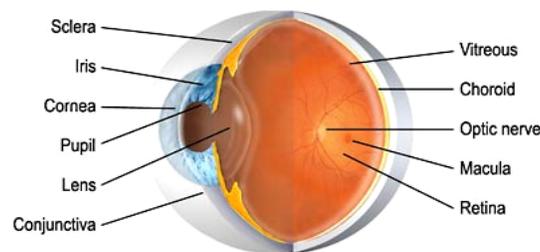


TLC LASER EYE CENTERS

VISION CORRECTION SURGERY PATIENT INFORMATION FORM

Vision Correction Surgery Patient Information Form. The purpose of this Vision Correction Surgery Patient Information Form ("Information Form") is to help you decide whether vision correction surgery is right for you and to help you make an informed decision concerning your vision correction options. This Information Form provides general information about treatment options available to correct your vision, the criteria necessary to be a candidate for vision correction surgery, and the benefits, risks, side effects and possible complications associated with vision correction surgery. This Information Form is supplemented by an Informed Consent specific to the particular vision correction surgery you have selected, which contains an explanation of the potential risks and complications associated with that surgery. It is very important that you carefully read and thoroughly understand the information provided to you concerning vision correction surgery before making your decision. Be sure to discuss any concerns or questions you have about vision correction surgery with your surgeon or personal eye care provider. You have the right to refuse to consent to surgery or to withdraw your consent before surgery is performed. Your decision will not impact your right to receive TLC services in the future.

Anatomy of the Eye. The eye is a complex organ composed of many parts, and normal vision requires these parts to work well together. When a person looks at an object, light rays are reflected from the object to the cornea. In response, the cornea and lens refract and focus the light rays directly on the retina. At the retina, the light rays are converted to electrical impulses that are transmitted through the optic nerve to the brain, where the image is translated and perceived. The picture of the eye below identifies parts of the eye to assist you in understanding the anatomy of the eye.



Refractive Errors. Any deviation from normal vision is referred to as a refractive error. Myopia, hyperopia, astigmatism and presbyopia are different types of refractive errors.

- **Myopia** (nearsightedness) means the eye is longer than normal, resulting in difficulty seeing distant objects as clearly as near objects.
- **Hyperopia** (farsightedness) means the eye is shorter than normal, resulting in difficulty seeing near objects as clearly as distant objects.
- **Astigmatism** means the cornea is oval-shaped, resulting in blurred vision.
- **Presbyopia** is the loss of lens and eye muscle flexibility due to the natural aging process, which causes difficulty in focusing on near objects and usually requires people age 40 and older to wear bifocals or reading glasses. Because vision correction surgery cannot reverse the aging process, presbyopia cannot be corrected surgically. However, there are surgical and non-surgical techniques available which can effectively reduce symptoms associated with presbyopia.

Treatment for Refractive Errors.

Eyeglasses. Eyeglasses remain the most common method of correcting refractive errors because they are safe and relatively inexpensive. Eyeglasses correct nearsightedness, farsightedness and astigmatism by using appropriate lenses to diverge or converge light rays and focus them directly on the retina. The drawbacks of eyeglasses include possible dissatisfaction with personal appearance, inability to participate in certain sports or work activities, and possible distortion in visual images when eyeglasses are used to correct large refractive errors.

Contact Lenses. Contact lenses correct nearsightedness, farsightedness and astigmatism similar to eyeglasses. If fitted and used as directed, contact lenses are an effective and safe way to correct refractive errors. However, daily use of contact lenses can result in the increased risk of corneal infections, hypersensitivity reactions and other problems.

Vision Correction Surgery. Vision correction surgery is an elective procedure available to correct refractive errors. Vision correction surgery alters the shape of the cornea to allow light rays to be focused directly on the retina, and is designed to dramatically reduce the need for eyeglasses or contact lenses. Vision correction surgery is not for everyone and is associated with potential risks and complications. You must carefully consider the vision correction surgeries available and the benefits and risks associated therewith. Vision correction surgeries available at TLC include:

- **LASIK (Laser In Situ Keratomileusis).** The LASIK procedure is designed to correct nearsightedness, farsightedness and astigmatism by using an excimer laser to reshape the cornea. LASIK is an outpatient procedure and takes approximately 5-15 minutes per eye to complete. Although some pressure sensation may be felt during LASIK, it is generally painless. Before the procedure, anesthetic drops are used to numb your eye. During the procedure, an instrument holds your eyelid open and you are asked to focus on a target light. An instrument called a microkeratome is used to create a protective flap of corneal tissue. While the corneal flap is being created, your vision becomes gray and the target light disappears. Your surgeon then folds the corneal flap to the side and uses a laser to apply computer-controlled pulses of light energy to reshape the cornea. After the laser portion of the procedure is completed, the corneal flap is replaced and the natural suction within the cornea seals the flap back in place within 1-5 minutes. Because the corneal flap seals quickly, sutures are not usually necessary. In creating a corneal flap to reshape the cornea, LASIK does not disrupt the front surface of the cornea and is therefore generally less painful, has a quicker recovery period and shorter post-operative need for steroid eye drops than other surgical procedures. LASIK is currently the most common vision correction surgery and may be the treatment of choice for patients desiring a more rapid visual recovery. Although some patients experience overnight improvement in vision, it may take weeks or months for your vision to stabilize.
- **LASIK Intralase.** Lasik Intralase differs from LASIK in that, whereas LASIK uses a microkeratome to create the protective corneal flap, Intralase uses a Pulsion-FS Laser. The Pulsion-FS Laser creates tiny bubbles inside the cornea that are linked together under computer control to create the appropriate shape and depth of flap desired by the surgeon. Please see the above description regarding "LASIK" for additional details regarding this procedure.
- **PRK (Photorefractive Keratectomy).** PRK is designed to correct nearsightedness, farsightedness and astigmatism by using an excimer laser to reshape the cornea without creating a flap in the cornea. PRK is an outpatient surgery and takes approximately 5-15 minutes per eye to complete. Although some pressure sensation may be felt during PRK, the procedure is generally painless. Before the procedure, anesthetic drops are used to numb your eye. During the procedure, an instrument holds your eyelid open and you are asked to focus on a target light. Your surgeon then removes the protective surface layer of the cornea (the corneal epithelium) and uses an excimer laser to apply computer-controlled pulses of light energy to reshape the cornea. After PRK is completed, the surgeon either inserts a bandage contact lens or patches the eye closed for a few days. The corneal epithelium grows back over 3-4 days, and vision usually improves once the epithelium is healed. In certain situations, special medications may be used during or after the surgery to reduce the chance of scar tissue formation. Your surgeon will further discuss the use of these medications with you prior to your surgery. The risk of pain, infection and corneal scarring is higher with PRK than with LASIK; however, the intraoperative risks of a flap complication are lessened with PRK because no corneal flap is created.
- **LASEK/EPI-LASIK (Laser Assisted Sub-Epithelial Keratectomy).** LASEK/EPI-LASIK is designed to correct nearsightedness, farsightedness and astigmatism by using an excimer laser to reshape the cornea. LASEK/EPI-LASIK is an outpatient surgery and takes about 5-15 minutes per eye to complete. Although some pressure sensation may be felt during LASEK/EPI-LASIK, it is generally painless. Before the procedure, anesthetic drops are used to numb the eye. During the procedure, an instrument holds your eyelid open and you are asked to focus on a target light. Your surgeon then creates an epithelial flap (protective outer layer of the cornea) and the flap is folded to one side. Laser energy is applied to the cornea by computer-controlled pulses to reshape the cornea. After LASEK/EPI-LASIK is completed, the epithelial flap is folded back to its original position and a thin, soft contact lens is placed on the eye. Vision is usually blurry following the procedure, but typically shows marked improvement within a week. Unlike LASIK, which creates a corneal flap, LASEK/EPI-LASIK loosens and folds the epithelium during the procedure and, as a result, combines the advantages of LASIK with the advantages of PRK. The risk of pain, infection and corneal scarring is higher with LASEK/EPI-LASIK than with LASIK; however, the intraoperative risks are lessened with LASEK/EPI-LASIK because the flap which is created is only in the epithelium. After surgery, you will be provided with pain medication to be used as needed and will be asked to use antibiotic and steroid drops for one week or longer, if necessary. In certain situations, special medications may be used during or after the surgery to reduce the chance of scar tissue formation. Your surgeon will further discuss the use of these medications with you prior to surgery. To avoid dislodging the epithelial flap, it will be

extremely important that you take care to not poke or rub your eye(s) in the first week after the LASEK/EPI-LASIK surgery. The United States Food and Drug Administration ("FDA") has not specifically approved the use of an excimer laser for LASEK/EPI-LASIK. However, this procedure is a modification of the technique for which FDA approval was originally granted. These modifications were designed to minimize patient discomfort and shorten the recovery period.

- **AK (Astigmatic Keratotomy).** AK is designed to correct astigmatism (which is a condition of the eye where the cornea is oval-shaped, causing visual images to be blurred). AK is an outpatient surgery and takes only a few minutes per eye to complete. Although some pressure sensation may be felt during AK, it is generally painless. Before the procedure, anesthetic drops are used to numb your eye. During the procedure, an instrument holds your eyelid open. Your surgeon then makes fine microscopic curved incisions in the cornea to change its shape, making the cornea more spherical. Sutures are not normally required with AK surgery, but may be necessary in certain circumstances. Following surgery, you will likely be asked to use prescription eye drops or ointment.
- **INTACS.** INTACS is designed to correct very low levels of nearsightedness (-1.00 diopters to -3.00 diopters with 1.00 diopters or less of astigmatism), to correct irregularities in the shape of the cornea and, in some cases, to treat patients with ectasia, by implanting corneal rings in the eye to reshape the cornea rather than surgically altering the cornea. These rings are clear and relatively unnoticeable. INTACS is an outpatient procedure and takes about 15 minutes per eye to complete. INTACS generally reshapes the cornea to allow light rays to focus precisely on the retina, resulting in an improved image. Before the procedure, anesthetic drops are used to numb your eye. During the procedure, an instrument is used to hold your eyelid open. Two semicircular tunnels are made in the outer edge of the cornea and the INTACS rings are placed in the tunnels. The advantages of INTACS are that the corneal tissue is not removed and that the INTACS rings may be removed if you are not satisfied with the result.
- **CK (Conductive Keratoplasty)/NEARVISION CK.** CK is designed to reduce mild to moderate farsightedness and presbyopia ($+0.75$ to $+3.25$ diopters). CK uses radio frequency instead of a laser to reshape the cornea. While NearVision CK also uses radio frequency to reshape the cornea, it is designed to correct presbyopia or to achieve monovision, in which one eye is corrected for distance vision while the other eye is corrected for near vision (see additional information regarding Monovision below). Both CK and NearVision CK are outpatient procedures and take approximately 3 minutes per eye to complete. Although some pressure sensation may be felt during surgery, it is generally painless. Before the procedure, anesthetic drops are used to numb your eye and your eyelid is held open with an instrument during the procedure. A probe that releases radio frequency energy is used to apply energy around the periphery of the cornea to the middle layer of the cornea. The energy applied to the cornea shrinks and tightens the collagen in the cornea, increasing the curvature of the eye near the center of the cornea to correct farsightedness or presbyopia. Although improvement in vision is generally seen within the first few days after surgery, it takes several weeks for the eyes to reach their ultimate level of correction.
- **PTK (Phototherapeutic Keratectomy).** PTK is designed to treat some corneal dystrophies, scars or other abnormalities of the cornea caused by naturally occurring pathology, injury or surgery, and thereby improve your visual function or relieve discomfort. PTK specifically treats pathology and is not designed to treat a targeted refractive error. PTK is an outpatient surgery and generally takes about 5 minutes per eye to complete. Before the procedure, anesthetic drops are used to numb your eye. During the procedure, an instrument holds your eyelid open while your surgeon gently removes the corneal epithelium either manually or with a laser. An excimer laser is then used to deliver energy to the cornea to remove small amounts of corneal tissue in order to treat the underlying condition. Generally, the epithelium grows back during the first three days following PTK surgery. In certain situations, special medications may be used during or after the surgery to reduce the chance of scar tissue formation. Your surgeon will further discuss the use of these medications with you prior to surgery. To monitor your recovery, you will be asked to schedule follow-up visits and to undergo certain tests on a regular basis. These visits and tests are essential to help you fully recover from PTK. You will need to promptly inform the surgeon or personal eye care provider monitoring your recovery from PTK in the event you decide to undergo other medical therapy or refractive surgery after PTK.
- **LASIK Enhancement.** LASIK Enhancement surgery is an elective surgery which uses an excimer laser to further reshape the cornea following previous refractive surgery. This outpatient surgery takes approximately 5-15 minutes per eye to complete. Although some pressure may be felt during the procedure, it is generally painless. LASIK Enhancement surgery may be performed by either lifting the corneal flap that was created during your original LASIK procedure and applying laser energy to the corneal bed (flap lift Enhancement) or by creating a new corneal flap and reshaping the cornea with the laser (repeat LASIK Enhancement). These options are described in more detail below. Your surgeon will discuss with you which of these options is most appropriate for your LASIK Enhancement surgery. In the event your corneal flap cannot be fully lifted during the procedure,

LASIK Enhancement must be postponed until the cornea heals, which could take several months. LASIK Enhancement may be performed only after your vision and prescription stabilize from the original LASIK procedure, which could take several months.

- **Flap Lift Enhancement.** Before the procedure, anesthetic drops are used to numb your eye. During the procedure, an instrument holds your eyelid open and you are asked to focus on a target light. The corneal flap created during your original LASIK procedure is lifted and your vision becomes blurry. Your surgeon then folds the corneal flap to the side and uses a laser to apply computer-controlled pulses of light energy to reshape the cornea. After the laser portion of the procedure is completed, the corneal flap is replaced and the natural suction within the cornea seals the flap back in place within 1-5 minutes. Because the corneal flap seals quickly, sutures are not necessary. You may experience some discomfort during the first 24 hours after the procedure while the corneal flap edges re-heal. In comparison to the initial LASIK procedure, patients undergoing Flap Lift Enhancement commonly report the discomfort level to be slightly less noticeable during this procedure and slightly more noticeable in the first few hours following the procedure. Most patients experience overnight improvement in vision, but it may take weeks or months for your vision to stabilize. If your corneal flap cannot be fully lifted during the procedure, LASIK Enhancement must be postponed until the cornea heals, which may take several months.
- **Repeat LASIK Enhancement.** Before the procedure, anesthetic drops are used to numb your eye. During the procedure, an instrument holds your eyelid open and you are asked to focus on a target light. An instrument called a microkeratome is used to create a protective flap of corneal tissue. While the corneal flap is being created, your vision becomes gray and the target light disappears. Your surgeon then folds the corneal flap to the side and uses a laser to apply computer-controlled pulses of light energy to reshape the cornea. After the laser portion of the procedure is completed, the corneal flap is replaced and the natural suction within the cornea seals the flap back in place within 1-5 minutes. Because the corneal flap seals quickly, sutures are not usually necessary. Most patients experience overnight improvement in vision, but it may take weeks or months for your vision to stabilize.

Monovision. Monovision is an option for patients age 40 and older who have difficulty reading due to the natural aging process. Monovision is a technique in which one eye is corrected for distance vision while the other eye is corrected for near or intermediate vision. Monovision provides a viable option for active people who require both distance vision and near vision in their daily activities. Because monovision is a compromise, reading glasses may still be needed for fine print and distance vision may not be as crisp for night driving and certain sporting activities such as golf and tennis. Depth perception may also be affected. You may be asked to try monovision through the use of contact lenses prior to refractive surgery.

Benefits of Vision Correction Surgery. If successful, vision correction surgery can provide freedom from the limitations and hindrances of eyeglasses and contact lenses and allow you to:

- Reduce the cost of eye wear and enhance your personal appearance
- Avoid problems associated with the long-term use of contact lenses
- Eliminate discomfort from allergic reactions associated with use of contact lenses
- Avoid danger in emergency situations when there is no time to find eyeglasses or contact lenses
- Play sports without using eyeglasses or contact lenses

Candidates for Vision Correction Surgery.

Generally, you are a good candidate for vision correction surgery if you:

- Are nearsighted, farsighted or have astigmatism
- Are at least 18 years of age
- Had a stable eyeglasses or contact lenses prescription for at least one year
- Are in good general health

Generally, you are not a good candidate for vision correction surgery if you:

- Have certain eye diseases, such as cataracts, glaucoma or keratoconus
- Have certain eye viruses, such as herpes simplex and herpes zoster
- Have certain health problems, such as uncontrolled diabetes, autoimmune or collagen vascular disease or any condition that weakens your immune system
- Take certain medications that weaken your immune system

- Are pregnant, nursing or plan to become pregnant in the next six months
- Are in a profession that prohibits vision correction surgery
- Have an implanted electronic device such as a pacemaker or defibrillator

Conditions Your Surgeon Should Know About. If you are taking any medications or have or had one of the conditions listed below, you must inform your surgeon and your personal eye care provider to make sure that vision correction surgery is appropriate for you:

- Amblyopia (lazy eye)
- Strabismus (muscle imbalance) or previous strabismus surgery
- Severe dry eyes
- Previous eye surgery or injury
- Any recurrent, residual or active eye condition which may affect healing
- Keloid scarring with previous surgical healing
- Back problems, claustrophobia or psychological problems

General Risks And Complications. Most patients are pleased with the results of vision correction surgery; however, like any surgical procedure, vision correction surgery is associated with potential risks and complications. It is very important that you carefully consider the alternatives, risks, and benefits of vision correction surgery before deciding whether the surgery is right for you. Despite the best of care, complications and side effects may occur which could negatively impact your vision.

No Guarantees. There is no guarantee that vision correction surgery will improve your vision or that you will not need eyeglasses or contact lenses after surgery in order to perform your daily activities. Even if an excellent result is achieved, you may still require eyeglasses for night driving and reading. In addition, just as you might need to change your eyeglasses or contact lens prescription over time, your eyes may change over time regardless of whether you have had vision correction surgery. You may require additional surgery to continue to have your best vision.

Risks and Complications. It is impossible to list all the potential risks and complications associated with vision correction surgery and a description of the risks and complications associated with the particular surgery you have selected will be provided to you along with this Information Form. Generally, complications associated with vision correction surgery include:

- Under correction or over correction.
- A lessening or increasing of the effect of the surgery over time.
- Infection.
- Dry eyes, which is generally treatable with artificial tears and resolves in 1-3 months, but may be permanent.
- A prescription imbalance between eyes.
- Aggravation of eye coordination problems.
- The following common side effects which are usually temporary but which may be permanent: pain or discomfort, foreign body sensation, increased sensitivity to light, glare and halos around lights, haze or fluctuating vision.
- Loss of best corrected vision (your visual sharpness or crispness after surgery may not be as good as your vision with eyeglasses or contact lenses before the surgery).
- Injury or perforation of the cornea which could result in loss of vision.
- Death.

Specific Risks and Complications.

Corneal Thickness. The adult cornea is about 500-700 microns thick (1/2 millimeter). The United States Food and Drug Administration ("FDA") recommends that, to ensure corneal stability, a patient's post-surgical corneal bed thickness should ideally not be less than 250 microns. The post surgical bed thickness is calculated by subtracting the flap thickness and the laser treatment from the total corneal thickness prior to surgery. While the FDA recommends a post-surgical corneal bed thickness of not less than 250 microns, the corneal bed thickness required to ensure long-term stability and corneal strength varies from person to person. Generally, vision correction surgery leaves post-surgical corneal bed thickness well above the FDA-recommended minimal level. Post-surgical corneal bed thickness of less than 250 microns increases the risk of complications, including the risk of requiring a corneal transplant which can result in additional surgery and increased patient costs for post-surgical treatment. In addition, recent anecdotal reports indicate that patients with corneal bed thickness of less than 250 microns may develop corneal ectasia (a progressive weakening of the corneal tissue), which can cause loss of best corrected vision. Corneal ectasia may also occur in patients with corneal bed thickness of greater than 250 microns.

Variant Topography. Corneal topography is a diagnostic testing technique that can be used to identify irregularities in the shape of the cornea prior to refractive surgery. If your preoperative examination suggests that your cornea's shape is atypical, you may be in a higher risk category for development of keratectasia in the future if you undergo laser vision correction surgery. Keratectasia is a complication of laser vision correction characterized by irregular thinning and weakening of the cornea that can lead to a progressive change in refractive error. Although ectasia may occur in eyes not presenting this irregularity, it is more commonly found in patients with high myopia, thin corneas, and irregular topographies. This condition may result in loss of uncorrected and best corrected vision. The progressive change which occurs is similar to that found with the disease called keratoconus. Whereas this condition occurs naturally for those with keratoconus, with keratectasia, individuals who are susceptible develop it after laser vision correction surgery. Mild topographical changes are very common, and there may or may not be an increased risk of developing keratectasia. The risk of keratectasia in an eye with variant topography is higher with certain surgeries where laser treatment is applied deeper in the cornea under a flap, as compared to surface ablation laser treatment (which is used in PRK, LASEK, and Epi-LASIK). While severe keratectasia may need to be treated with a corneal transplant, mild keratectasia can be corrected with the use of glasses or contact lenses.

Pre/Post Surgery Expectations. The goal of vision correction surgery is to achieve the best visual result in the safest way and to eliminate or dramatically reduce your need for eyeglasses or contact lenses.

Before Surgery. You will be asked to refrain from wearing contact lenses for some period of time before the day of surgery. You should thoroughly read this Information Form and the Informed Consent for the particular vision correction surgery you have selected and discuss all your questions and concerns about vision correction surgery with your surgeon and personal eye care provider.

The Day of Surgery. Your eyes may be examined and the surgery will be discussed with you to ensure you are firm in your decision to undergo vision correction surgery. If you decide to proceed with surgery, you will be asked to sign this Information Form, the Informed Consent for the surgery you have selected, and any other documents that may apply to you. After signing all the necessary documents, you will be instructed to take pre-operative medications, if necessary, and will be taken to the surgical suite for surgery. Surgery generally lasts several minutes per eye.

After Surgery. You will be provided with detailed post-operative instructions to follow for the specific vision correction procedure you have chosen. Although post-operative care differs for each type of vision correction surgery (as set forth in your post-operative instructions), it is generally important that after vision correction surgery you:

- Rest as much as possible the first evening following surgery, as this rest helps the eye heal more quickly.
- Avoid swimming, hot tubs or whirlpools for one week (showers and baths are fine 24 hours after surgery, but avoid getting water and shampoo in your eyes for the first few days).
- Avoid eye makeup, gardening and dusty, dirty environments for one week.
- Do not watch TV or read for prolonged periods of time for the first few days.
- Avoid driving for the first few days because you may experience blurred vision and the loss of depth perception. You should not resume driving until you feel you are able.

Follow-Up Appointments. Follow-up care is essential to achieve optimal results of surgery. To monitor your recovery and progress, you will be asked to return for scheduled follow-up visits daily, weekly, semi-monthly, or semi-annually, and at such additional times as may be necessary. It is very important that you attend each follow-up appointment so that your progress can be monitored by your personal eye care provider.

One Eye Or Both Eyes? You may have vision correction surgery on one eye at a time or on both eyes simultaneously. It is important that you carefully consider the advantages and disadvantages of both options.

One Eye. While having surgery performed on one eye is less convenient because it requires two separate surgeries, certain side effects or complications would only affect one eye. This option also allows your surgeon to monitor healing and recovery in the first eye and to modify, if necessary, the treatment plan for the second eye. You will be able to consider whether the surgery has produced satisfactory results, which may influence your decision to proceed with surgery on your other eye. However, if you have surgery performed on one eye, you will most likely experience a period of imbalance, which may be even more problematic if you are unable to wear a contact lens in the eye that did not undergo the surgery.

Both Eyes. While having surgery performed on both eyes is convenient, it is riskier than having surgery performed on one eye at a time because potential side effects or complications may affect both eyes. Having surgery performed on both eyes may prevent you from doing your daily activities for uncertain periods of time because it is

difficult to predict how long your eyes will take to heal. Some complications could prolong recovery of normal vision and, on rare occasions, blurred vision may continue for several weeks in both eyes.

Enhancement. An “enhancement” is an additional surgery performed to fine-tune any remaining refractive error after healing is complete from the original vision correction surgery. Enhancement surgery is performed after the cornea is healed - generally 1-6 months after the original surgery. While enhancement surgery may further improve your vision, it also involves potential risks and complications and you may not be eligible for enhancement if your post-surgical corneal bed thickness is too thin for further surgery. If you decide to undergo enhancement surgery, an explanation of the benefits, risks and complications of the enhancement surgery will be provided to you at that time.

Co-Management. You have the right to choose to have your personal eye care provider (ECP) involved in your pre and/or post – operative care. We call this collaboration between your personal eye care provider (ECP) and your surgeon “co-management.” If your care is co-managed, your surgeon will perform your surgery and also be available to you and your ECP for any pre- and post-operative issues. If you decide to have your care co-managed a portion of the fee you pay to TLC may be distributed to your ECP for providing this care.

Relationship and Financial Interest of Some Doctors. Some TLC surgeons and/or eye care providers have an investment interest in this TLC Center or in TLC directly, and they may benefit financially from the vision correction services performed at TLC because of their investment interest.

Patient Agreement

By signing this Information Form, you understand and agree as follows (check all that apply):

- I wish to have the following vision correction surgery performed: _____.
- I choose monovision as my treatment choice.
- I choose to have my _____ eye targeted for near vision.
- My clinical findings in relation to the risks of keratectasia have been thoroughly explained to me and I am fully aware of the possible risks and complications associated with vision correction surgery. I understand that there is no absolute test to ensure that I will not develop keratectasia following vision correction surgery, and that while severe keratectasia may need to be treated with a corneal transplant, mild keratectasia can be corrected with the use of glasses or contact lenses.
- I am competent, in clear mind and have carefully read and fully understand the information in this Information Form and the Informed Consent for the vision correction surgery I have selected.
- After reviewing all the information provided to me about vision correction surgery and reviewing my health status, I believe I am a good candidate for vision correction surgery.
- I agree that my care will be co-managed by my personal eye care provider and my surgeon.
- I agree that my vision correction surgery will be performed by Dr. _____, assisted by TLC staff and that my pre- and post-operative care will be provided by Dr. _____. I have had the opportunity to inquire and receive information regarding the doctor’s credentials and experience.
- Dr. _____ is not an employee or agent of TLC. Dr. _____ is an independent contractor and TLC has no control over the doctor’s practice of medicine. TLC provides non-medical management services to the doctor and collects the patient fee on behalf of the doctor while retaining a portion of the fee as a facility fee.
- The information contained in this Information Form and the Informed Consent for the vision correction surgery I have selected has been explained to me using terms that I could understand and all my questions and concerns have been addressed.
- I hereby freely accept the possible risks, complications and side effects that may result from the vision correction surgery I have selected.
- I understand that no guarantees have been made to me regarding the outcome of the vision correction surgery, and that I am financially responsible for all costs associated with the surgery.

- My decision to undergo vision correction surgery is voluntary, made without duress of any kind, and was made after careful consideration of the alternatives, possible risks, complications, and side effects that may result.
- I agree to return for follow-up visits and follow all post-operative instructions.
- I understand that I will be charged a fee for this vision correction surgery, which includes post-surgical care as outlined in the patient agreement I have received and acknowledged. (In rare cases, non-laser treatment may be needed, for which your surgeon may charge an additional fee).
- I understand that I am responsible for the cost of any medications, contact lenses, eyeglasses or other ophthalmic devices, if required, after vision correction surgery. I understand that I am also responsible for the cost of post-operative visits which occur after the time period set forth in my patient agreement.
- I understand that none of the refractive procedures outlined in this Vision Correction Surgery Patient Information Form will prevent naturally occurring eye problems, such as glaucoma, cataracts, retinal degeneration or retinal detachment.
- I understand that I am responsible for fees associated with any eye problems that may occur in the future, including, but not limited to, glaucoma, pink eye, allergies, dry eyes, injuries to my eyes or cataract formation.
- I understand that Medicare and most insurance companies do not cover the cost of vision correction surgery or post-operative visits.
- I understand that my health benefits provider may receive a fee for service if my surgery is part of my benefits package.
- I agree to arbitrate any claims and waive my right to a trial in court, as provided in the Arbitration Agreement (below) set forth in this Information Form.

I request to have vision correction surgery performed on (check one and initial):

- Both eyes** _____ Patient's Initials
- Left eye only** _____ Patient's Initials
- Right eye only** _____ Patient's Initials

Patient's Signature _____

Patient's Name (print) _____

Address _____

Date _____ **Time** _____ **Location** _____

Arbitration Agreement. Arbitration is the resolution of a dispute by an impartial third person whose decision is binding on the parties. We have found that resolving disputes by arbitration is a quick and efficient alternative to the court system. As such, we request that all patients receiving services at TLC sign this agreement. By signing this Arbitration Agreement and consenting to treatment, you agree that:

- Any dispute you have arising out of the diagnosis, treatment and services you received by TLC or your surgeon or personal eye care provider, including treatment and services you received before the date of this Arbitration Agreement, or the applicability and scope of this Arbitration Agreement will be resolved exclusively and finally by binding arbitration except for (a) judicial review of the arbitration proceedings or (b) claims within the jurisdictional limit of small claims court.
- Notwithstanding the foregoing, you have the right to withdraw from the arbitration provisions under this Agreement provided you elect to do so by written notice to TLC no later than 61 days following termination of the health care services contemplated hereunder.
- This Arbitration Agreement binds all parties whose claims may arise out of, or are related to, treatment or services provided by TLC or your surgeon or personal eye care provider, including any claims of your spouse or heirs.

- The arbitration proceedings will be administered by the National Arbitration Forum, an independent arbitration organization, under its Code of Procedure then in effect which can found at www.arbitration-forum.com or by calling 1-800-474-2371.
- This Arbitration Agreement is governed by the Federal Arbitration Act.
- If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions remain in full force and effect and will not be affected by the invalidity of such provision.

The undersigned agrees that he/she waives his/her right to a trial in court for any future malpractice claim he/she may have against TLC, the relevant surgeon and/or personal eye care provider.

Patient's Signature _____ TLC Representative's Signature _____

For TLC Use Only

The following additional information was provided to the patient for discussion and signed authorization (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> AK Addendum | <input type="checkbox"/> LASIK Enhancement Addendum |
| <input type="checkbox"/> CK Addendum | <input type="checkbox"/> TLC Lifetime Commitment |
| <input type="checkbox"/> INTACS Addendum | <input type="checkbox"/> Legal Guardian Addendum |
| <input type="checkbox"/> LASEK Addendum | |
| <input type="checkbox"/> LASIK Addendum | |
| <input type="checkbox"/> PRK Addendum | |
| <input type="checkbox"/> LASIK and PRK Addendum | |
| <input type="checkbox"/> PTK Addendum | |

Signature _____

Printed Name _____

Date _____