PATIENT CONSENT FORM

LASIK (Laser-assisted In-situ Keratomileusis)

I. Introduction
Laser-assisted in situ keratomileusis, or LASIK, is a permanent vision correction procedure which combines the creation of a corneal flap and the excimer laser for corneal sculpting to treat myopia, astigmatism and hyperopia. The flap can be created either by a hand-held automated device called a microkeratome or with a femtosecond laser. Precise control of tissue removal and management of the healing process results in reduced or eliminated dependence on corrective lenses for most patients. LASIK literally means “to shape the cornea, within, using a laser”.

The U.S. Food and Drug Administration (FDA) regulates the manufacture and use of excimer laser systems. Manufacturers are restricted from selling their lasers for the performance of refractive correction procedures until approval has been granted by this agency. The WaveLight EX500 excimer laser systems have been approved by the FDA for the treatment of nearsightedness and farsightedness, with or without astigmatism, for use under a corneal flap (LASIK). The FS200 and VisuMax femtosecond lasers have received FDA clearance for creation of the corneal flap.

This Patient Consent Form generally describes the LASIK procedure and outlines certain risks, possible benefits and alternative modes of treatment. Before electing to undergo LASIK, you must have a complete eye examination and should fully discuss the potential risks, complications, and alternatives with an eye care professional. This information is designed to enhance your understanding of the potential risks that may be encountered during both the procedure and the healing process allowing you to make an informed decision. You are encouraged to ask questions at any time about LASIK or about any statements made in this form.

II. How the Eye Works
To better understand LASIK and how the excimer laser can be used to correct vision problems resulting from refractive error, a short review of how the eye works may be helpful. Refractive errors (nearsightedness or myopia, farsightedness or hyperopia, and astigmatism) generally result from an abnormally or irregularly shaped eye.

When light enters the eye, it is bent (refracted) by a clear, strong tissue at the front of the eye called the cornea. The cornea, in effect, acts like a lens to focus incoming light onto the retina at the back of the eye.

In nearsightedness, or myopia, light entering the eye does not focus on the retina as it should, but instead focuses images at a point in front of the retina. Nearsightedness is frequently caused either by an eye shape that is abnormally long, or by an excessively steep curvature of the cornea. The result of nearsightedness is that distant objects appear blurry, while objects near to the viewer can be seen in focus.

In farsightedness, or hyperopia, light entering the eye focuses images at a point behind the retina. Farsightedness is frequently caused by an eye shape that is abnormally short or by an excessively flat cornea. The result of farsightedness is that distant objects appear blurry, while objects in the distance may be seen in focus.

In astigmatism, the problem is not the length of the eye, but the fact that the cornea is not spherical, contains different curvatures, and is typically shaped more like a football than a basketball. The result of astigmatism is that objects are not focused into a single image and vision is distorted or blurry. Often, people who have nearsightedness also suffer from astigmatism.

Presbyopia, or the inability to see close-up objects, usually becomes apparent to most people in their early forties. This condition occurs normally with age and results from a change within the eye in which the internal lens loses its ability to focus on close-up objects.
III. Vision Correction Alternatives
Vision problems resulting from refractive error (nearsightedness, farsightedness, and astigmatism) can be corrected with eyeglasses or contact lenses.

Photorefractive Keratectomy (PRK) is also available for lower prescriptions for treating nearsightedness, farsightedness, and astigmatism. PRK uses an excimer laser for vision correction. In PRK, the cornea is reshaped on the surface using the energy from pulses of light emitted by an excimer laser. Because healing is slower and visual recovery takes longer (approximately 4-10 days), and because there is usually more discomfort involved, LASIK has become the procedure of choice for most patients.

Intraocular Lenses (IOL) – Phakic intraocular (IOL) lenses are an option for moderate to high myopia where a lens is inserted into the eye. The lens works with the natural crystalline lens of the eye to correct the distance vision. The natural crystalline lens is untouched. Another type of IOL procedure is called a refractive lens exchange or clear lens extraction where the natural crystalline lens is removed and an intraocular (IOL) is inserted. This procedure can correct both distance and near vision in those suffering from presbyopia in addition to myopia or hyperopia.

SMILE (small incision lenticule extraction) is a refractive procedure that can correct myopia, where a pocket is created in the cornea and a laser separates the tissue needed for myopic correction. The surgeon removes the small lenticule through a small incision. Certain activities can be resumed sooner than LASIK, however visual recovery takes a little longer.

IV. Patients Who Wear Contact Lenses
The chronic use of contact lenses may distort the curvature of the cornea. Therefore, before being evaluated for LASIK and before the treatment can be performed, the shape of the eye must be allowed to stabilize and return to its natural shape.

Patients who wear daily soft contact lenses must totally stop wearing their lenses five (5) to seven (7) days prior to their procedure. Patients who sleep in their lenses should discontinue use a minimum of ten (10) days to two (2) weeks prior; those patients whose contacts correct for astigmatism (toric) should remove lenses for ten (10) days to two (2) weeks prior to surgery. Patients who wear gas permeable or hard contact lenses must totally stop wearing such lenses for one month per every decade of use. You should confirm compliance with these requirements prior to undergoing LASIK. The period required to stabilize the natural shape of the cornea may be longer for some patients. Therefore, you should tell your surgeon and eye care provider if you suspect that your vision is continuing to fluctuate as your eyes return to their normal shape. Failure to do so will increase your odds of requiring fine-tuning, also known as an enhancement procedure, months after your initial procedure.

V. Contraindications
An individual may not be an ideal candidate for LASIK if any of the following conditions exist: unstable prescription, keratoconus (progressive thinning/steepening of the cornea), keratitis sicca (advanced dry eyes), abnormal eyelid closure with inadequate exposure of the eye, active collagen vascular disease (e.g. Rheumatoid arthritis, Lupus), endothelial dystrophies (ie. Fuchs), unstable diabetes, uncontrolled glaucoma, pregnant or nursing mothers, visually significant cataracts, history of ocular herpes simplex, active ocular inflammatory disease, Accutane use within 6 months, or insufficient corneal thickness.

If you are aware that you have any of these conditions you must inform us.

VI. The LASIK Procedure
Upon arriving at Millennium, you will be greeted and checked in. Before proceeding with LASIK, a final check of your eyes will be completed and you will have the opportunity to ask any remaining questions regarding this consent. The ophthalmologist performing your procedure and the staff at Millennium will be available to review the procedure with you and answer any other questions.

Most patients dress casually, comfortably, and warmly, since the room is kept cool for optimum laser performance. Refrain from the use of colognes, perfumes or scented lotions as it may interfere with the performance of the laser; avoid all makeup and remove all eye makeup thoroughly. We encourage patients to bring a companion as you will not be permitted to drive home following the procedure. Your one companion may accompany you through the entire process until you enter the laser suite and can then observe the procedure from a viewing area if they so choose.
You will not be given a general anesthetic, and pre-operative sedation is not routinely needed however an anti-anxiety medication, such as Xanax, is offered prior to the procedure. Your eyelids will be cleansed and a hair bonnet will be placed on your head.

Once you are laying comfortably on the surgical bed, topical anesthetic will be instilled to numb the eyes and the bed will be adjusted. A speculum is placed between the upper and lower eyelids to prevent you from blinking, the opposite eye will be covered. With LASIK, an ophthalmologist must first create a flap to gain access to the middle layers of the cornea. This step can be accomplished by the use of a microkeratome (blade) or the use of a Femtosecond laser. At Millennium, the flap will be created utilizing a laser as it is safer and more precise. With the femtosecond laser (such as the FS200 or VisuMax lasers), a suction ring is used to both fixate the eye and increase the intraocular pressure. When applied, patients usually experience a firm pressure sensation for about 20-30 seconds; most do not consider it painful. The high intraocular pressure causes the patient’s vision to temporarily blur or black out, but is necessary to ensure good flap creation by making the eye firm. Before the flap is created, the ophthalmologist will ensure that adequate pressure has been reached. The flap is then created with a planned hinge. (When the VisuMax laser is used for flap creation, these two steps are separate and performed in separate suites, the pressure sensation is typically less when using this laser).

The bed will glide over towards the second laser where the corneal flap is gently lifted and the excimer* laser (WaveLight EX500) is focused on the underlying corneal bed. An eye tracking system will be activated and the surgeon will ask you to stare at a blinking green light. The ophthalmologist will activate the excimer laser and begin re-shaping your cornea, the laser is used to remove microscopic layers of corneal tissue. The light will become more difficult to see as the laser treatment progresses. While the laser is in use, you will be asked to keep your head and eye as still as possible. A small amount of eye movement should not affect the outcome of the procedure because the laser utilizes an automated tracking system. If significant movement occurs, the laser will stop until excessive movement ceases. The entire procedure takes only several minutes total to perform. Once the treatment is completed, the hinged flap is replaced to its original position without the need for sutures.

During the procedure, you will notice distinctive sounds and smells. Laser treatment of the eye tissues also produces an odor similar to that of a singed hair, although heat is not emitted from the laser.

The LASIK procedure typically takes less than 5 minutes per eye in duration. Topical antibiotic, steroid and a non-steroidal anti-inflammatory drop will also be instilled. While allergic reactions to these medications are rare, please advise your doctor of any drug allergies you may have. At the end of the procedure, patients leave the suite without a patch or shield. The use of sunglasses upon leaving the center is encouraged and clear protective goggles are provided to wear to sleep for the week following the procedure to ensure that the eyes are protected from inadvertent trauma.

Once the procedure is completed, the doctor will re-examine your eyes. You should rest after the procedure, however you are not permitted to drive yourself home and must have a driver or make other arrangements for transportation.

**The Excimer Laser (WaveLight EX500)**

LASIK uses an excimer laser for vision correction. The cornea is reshaped using the energy from pulses of light emitted by the excimer laser. Ultraviolet light with wavelengths less than 300 nanometers will not penetrate through the surface of the eye. Because of this particular phenomenon, the excimer laser with a wavelength of 193 nanometers does not transmit energy through the cornea to the internal tissues of the eye. Instead, the ultraviolet light is absorbed in the surface cells of the eye giving the excimer laser its unique ability to reshape these surface tissues. As the ultraviolet light is absorbed by the surface of the eye, tissue is vaporized. Essentially no heat is generated in the process; therefore, the risk of scarring the corneal tissue is minimized. The energy of the laser is controlled so that each pulse precisely removes thin layers of tissue from the cornea, 1/5000 of a millimeter at a time. In fact, it would take about 200 pulses from an excimer laser just to etch through one human hair. The laser is programmed specifically for each patient and is controlled by a computer that determines the location, number of pulses, and surface area to be impacted by the laser light beam based on that individual patient's particular vision problems and correction needs.
VII. Post-Procedure Expectations

Before you leave Millennium, you will be supplied a kit containing anesthetic drops, sleeping goggles, as well as lubricating drops, and a schedule for their use. You will also be required to obtain medicated eye drops (an antibiotic and a steroid), the antibiotic eye drop is started the day before surgery.

After the procedure, the vision will be blurry as if looking through a vaseline-covered window. Vision should improve rapidly over the first 12 to 24 hours, but will fluctuate greatly over the first few days. The uncorrected visual acuity typically reaches maximum level expected within three to four weeks following the LASIK procedure.

Discomfort and sensitivity to light for a few hours is common. Patients should rest for the remainder of the day. During the immediate postoperative period, great care must be taken to avoid displacement of the flap. Avoid touching the eyes and eyelids immediately following the procedure.

It is imperative to stay in a clean environment and avoid debris and water from entering the eyes for a minimum of one week following the procedure. Avoid rubbing the eyes and any activities that apply pressure on the eyes for the first month following the procedure.

Patients are required to return to Millemnium the following day to ensure that healing is progressing satisfactorily. You should refrain from driving until you feel comfortable that you are safe to operate a vehicle.

Your doctor will monitor your recovery and your continued use of eye drops. Regular follow-up visits are required. Initial post-operative evaluations should be scheduled one (1) day and one (1) week following the procedure (mandatory appointments). Follow-up evaluations are then required one (1) month, and three (3) months after the initial procedure. Additional post-operative visits may be scheduled as needed. Yearly comprehensive eye exams are required to monitor the general health of your eyes.

The initial two (2) year enhancement policy requires that one (1) day, one (1) week, as well as a one out of the two remaining post-operative appointments, (1 month and 3 month) are completed or enhancement charges will apply, regardless of whether it falls within the initial inclusive period. All visits are recommended to monitor proper healing. Patient must meet year one (1) post-op criteria & have a paid annual comprehensive exam with a network eye care provider to qualify for second year of free enhancements.

VIII. Risks and Other Considerations

No vision correction procedure is risk free. Risks and discomforts that might be associated with the LASIK procedure are as follows. All are exceedingly rare but possible:

1. Vision Threatening Complications. It is possible there could be loss of some or all of your useful vision. The primary causes are:

   A. **Ocular infection** that could not be controlled by antibiotics or other means. These are rare and can usually be avoided. Severe infection could lead to permanent scarring and loss of vision, corneal transplantation or even loss of the eye.

   B. **Irregular healing, inflammation (ie.DLK), or scarring of the flap** could result in a distorted corneal surface which would not allow spectacle or contact lenses to correct vision to the level that was possible before undergoing LASIK; i.e. loss of best corrected visual acuity.

   C. The flap of corneal tissue could become **wrinkled or misaligned from trauma** following the procedure. If surgical repositioning of the flap is unsuccessful, donor corneal tissue could be required to restore useful vision.

   D. **Keratoconus/Ectasia** – abnormal weakness and thinning of the cornea - a degenerative corneal disorder affecting vision. While there are several tests that suggest which patients might be at risk, this condition can develop in patients who have normal preoperative topography (map of the cornea obtained before surgery) and normal corneal thickness measurement. There is no absolute test that will ensure a patient will not develop this irregularity following laser vision correction. The condition could result in a distorted corneal
surface which would not allow glasses or contact lenses to correct vision to the level that was possible before undergoing LASIK; i.e. loss of best corrected visual acuity. Severe keratoconus/ectasia may need to be treated with a corneal transplant; another procedure called Collagen cross-linking may be recommended to halt the process.

E. Other possible complications and risks include, but are not limited to and exceedingly rare: corneal swelling, retinal issues, glaucoma or cataract formation if prolonged steroid use is indicated, total blindness and even loss of the eye should infection occur.

2. Non-Sight Threatening Side Effects. Everybody experiences at least some of these for at least a short period of time.

A. Discomfort – About thirty minutes following the procedure, as the topical anesthetic begins to wear off, most patients experience some mild to moderate discomfort or pain lasting from two to six hours. The sensation is most often described as a burning, stinging, tearing or gritty sensation similar to having an eyelash or grain of sand in the eye. While this brief period can be adequately managed with the use of a mild pain reliever like acetaminophen, aspirin or ibuprofen, this discomfort is easily alleviated with a topical anesthetic that you will be given. Closing the eyes and resting for an hour or two will also typically bring relief. If your doctor or surgeon believes that you will have more discomfort or that the duration of discomfort will be longer, they will often give additional drops or medications to make you comfortable.

B. Blurry/hazy Vision – During the first few days following the procedure, vision may be blurry; it is often described as if one is looking through glasses coated with a thin film of petroleum jelly. Vision clears for most people over the first day or two, but may take several weeks as the eye heals and its surface becomes smooth. Uncorrected visual acuity typically approaches its resultant correction within three to four weeks following the procedure, with full stabilization reached in most patients by the three month mark. During the healing period, some fluctuation in vision may occur. The healing process is very individualized and varies from patient to patient.

C. Abrasions – A temporary loss of a portion of the epithelial layer of the cornea. It is this top layer that allows for excellent visual function and comfort by covering the nerve endings of this tissue. In some individuals, this cell layer has poor adherence. This is more common in older individuals and patients with a history of corneal abrasions. When an abrasion occurs during LASIK, it should not prevent you from having an excellent result. However, it can limit visual function for several days to weeks as the abrasion heals in and smooths out. Some sensitivity to light, glare and a fluctuation in the sharpness of vision may also occur. These conditions usually persist only during the normal stabilization period of one to four weeks.

D. Dry Eye Syndrome (DES) – Dryness is the most common post-operative side effect. It is very common for all patients to experience some dryness after the procedure. Dryness that occurs during the first week following the procedure may be caused by the topical medication or the preservatives therein. Dryness that persists after this time typically improves in two to three months, but may last longer in some individuals. This condition is typically managed with frequent use of preservative-free lubricants. When more severe, tear duct plugs are inserted to temporarily or permanently close the outflow drain for the tears. If you have a history of DES, additional tests may be performed during your evaluation to determine its severity. If you suffer from severe dry eye that cannot be controlled then you may be deemed a non-candidate for LASIK.

E. Residual Prescriptions – These may take the form of under response, over response or residual or induced astigmatism. There is no guarantee that, for a particular patient, LASIK will be successful in providing the desired level of vision correction. The chance of being undercorrected increases in cases where a higher amount of prescription is being treated. Conversely, in some cases, there is an over-response to the treatment resulting in an overcorrection. Fortunately, these overcorrections and undercorrections are anticipated in a small percentage of cases (5-7%) and are usually amenable to fine-tuning, otherwise known as an enhancement. Enhancements are not usually performed until vision has totally stabilized, approximately three to four months after the original procedure. They are commonly performed by re-lifting the flap created during the initial procedure. This eliminates many of the rare flap-related complications associated with initial procedures. You should be able to wear corrective lenses for driving, close work or other activities until the time of your enhancement. Corrective lenses may still be necessary for good vision and may also continue to be necessary for certain activities (such as reading or close work) if an enhancement is not possible.
F. **Diffuse Lamellar (Interface) Keratitis**, also known as Sands of Sahara or DLK – is an inflammatory non-infectious process that takes place under the flap. Unlike infection, patients do not typically have pain and redness. Symptoms include a decline in vision accompanied by an increase in light sensitivity and typically occur 24-72 hours following the LASIK procedure. If you experience these symptoms, contact the center or your eye doctor as you will need to be evaluated. DLK is treated with increased steroids and frequent follow-up examinations are necessary until the inflammation resolves. In advanced cases, the flap may require lifting to irrigate the inflammation. In even rarer instances, this condition could result in the microscopic destruction of tissue and permanent corneal irregularities. Loss of best-corrected visual acuity may occur. In some individuals, a small amount of cloudiness in the interface, or “haze,” will be present. This generally has little or no effect on vision and can only be detected by an eye care professional using a microscope. In extreme cases, there may be symptoms of persistent glare and light sensitivity. Most cases, however, resolve completely without any evidence of past inflammation.

G. **Epithelial Ingrowth** can occur if cells from the surface of the cornea migrate beneath the flap. If these cells proliferate the flap may need to be lifted and the cells removed. (This is a more common occurrence with enhancement procedures)

H. **Visual irregularities** such as light sensitivity, glare and halos, or other low light vision problems – Some patients may be more susceptible than others and experience night vision symptoms such as halos around lights, glare, and ghosting of images. These symptoms are caused by corneal irregularities and may be related to pupil size. Halos may be caused when the pupil diameter is larger in dim lighting than the area treated by the laser in the center of the cornea. The higher the prescription, the smaller the effective area of treatment and the greater the potential for halos. If halos persist following LASIK and are problematic, you may get some relief with the use of an eye drop that can be used on a daily basis to help make your pupil smaller. These symptoms usually diminish with time, and typically resolve completely by three months but may be permanent. If you are already experiencing these symptoms at night with your contacts or glasses, they may continue after LASIK surgery. Symptoms of halo and night-time glare have been greatly curtailed through the use of premium excimer technology such as Allegretto and WaveLight EX500, because of the larger diameter and the tapering of transition areas created between the treated and untreated areas of corneal tissue.

I. **Incomplete flap** – if during the laser flap creation the suction/pressure is interrupted, an incomplete flap may occur; this may have no visual consequence however it could result in distorted vision, decrease in best correctable vision, or the procedure may need to be postponed to a later date.

J. **Reading Difficulty** – Some patients will find it difficult to read in the first few days following LASIK. Those with greater levels of correction and patients over forty who are experiencing the effects of presbyopia may have greater difficulty reading without the use of corrective lenses for longer periods of time immediately following the procedure. LASIK may be used to create monovision, a strategy in which one eye is left or made slightly nearsighted to allow for some mid-range and near vision in combination with distance in the fellow eye. If you are over the age of 38, you will be asked to complete a Monovision and Mini-monovision consent addendum.

K. **Loss of Best-Corrected Visual Acuity** – By definition, glasses cannot improve this situation, but gas-permeable contacts may provide some improvement in vision by acting as the new smooth surface of the eye. This loss of acuity can occur as a result of microscopic corneal irregularities.

L. The eye may be more fragile to trauma from impact. Protective eyewear is strongly recommended for activities that could result in eye trauma, such as racquetball, tennis, softball, martial arts and other sports. A severe blow to the eye could result in the wrinkling or in extreme rare cases loss of the flap with subsequent loss of best-corrected vision.

M. **Regression** – In some patients, the vision correction effects of the procedure diminish several weeks to months after surgery. This phenomenon is called regression. Regression is more common in patients who are very nearsighted and can be part of the healing process in farsighted patients. In some, but not all cases of significant regression, another LASIK procedure may help to remedy the effect.
N. **Sensitivity** – Some patients experience increased sensitivity to any contact with the surface of the eye following laser vision correction. The condition tends to diminish over time; in rare cases the symptoms can be significant.

O. **Transient Light Sensitivity** – Mild to severe light sensitivity can occur in rare cases and is typically a temporary occurrence that improves during the healing period. In some cases, a topical steroid taper may be necessary for improvement.

P. **Imbalance between the two eyes** – This may occur in the event that a patient has LASIK performed on just one eye or monovision treatment, as the two eyes may not work well together during the healing process. This may cause eye strain and judging distance more difficult however should improve over time.

Q. **Ptosis** – During eye surgery, it is necessary to hold the eyelids open with a speculum. In rare cases, this can cause mild lid drooping, called ptosis. It usually resolves spontaneously after a few months and is exceedingly rare due to the short duration of the procedure.

R. **Inappropriate expectations** – The correction expected to gain from LASIK may not be perfect, as the above risks are highlighted in this consent form. It is not realistic to expect that this procedure will result in perfect vision, at all times, under all circumstances, for a lifetime. Laser vision correction does not stop the eyes from changing and glasses may be needed to refine the vision for some purposes requiring fine detailed vision at some point in a lifetime and could occur soon after surgery or years later. For some patients an enhancement may be warranted to improve vision.

S. **Previous refractive surgery** (ie. cataract surgery) – Patients having LASIK following other refractive surgeries may experience slower healing as corneal flap quality may be affected and visual recovery may be slower.

**IX. Possible Benefits**

In most cases, LASIK results in a person’s reduced dependence on eyeglasses and contact lenses. There may also be psychological and social benefits for patients who feel that they look better, or can function better, without glasses or contacts. There may also be increased career opportunities. Added safety may occur in emergency situations, without the worry of glasses or contacts not being available. Sports or water activities may be more enjoyable without the hassle of corrective eye wear. Traveling may be more convenient, without having to worry about extra contact lenses or glasses.

Some patients may elect to correct their distance vision in one eye while leaving the other eye slightly nearsighted (age 38 and older). This technique, called monovision, may allow improved distance vision with one eye and may allow the other eye to be effective for reading, forestalling the impact of presbyopia and the need for reading glasses.

**X. Consent to LASIK**

1. I have read this consent form.

2. I have discussed it with my eye doctor and have been given the opportunity to ask questions. All of the questions that I have asked have been answered to my satisfaction. I understand how LASIK is performed and acknowledge its possible risks and complications.

3. I understand that:

   A. The U.S. Food and Drug Administration (FDA) regulate the manufacture and use of refractive surgery lasers.

   B. LASIK is an elective procedure. There is no health or medical reason why I need to have LASIK.

   C. Alternative treatments to LASIK, including PRK, SMILE, IOLs, eyeglasses and contact lenses, are available.
D. The results of the LASIK procedure cannot always be predicted. I may still need eyeglasses or contact lenses to achieve satisfactory vision after the procedure.

E. LASIK is not risk free. Complications from the procedure, as described in this consent form, are possible. Retreatment may be necessary, but there is no guarantee that retreatment will be possible or successful. As with any procedure of this type, there are remote risks, such as loss of best-corrected visual acuity.

F. Adherences to the recommended eye drop regimen and periodic follow-up visits with an eye doctor after the LASIK procedure are required to reduce the risk of longer-term complications and increase the likelihood that the desired outcome will be achieved.

G. I confirm that I am neither pregnant nor a nursing mother and that I will notify my doctor if I become pregnant in the period following LASIK treatment. I understand that pregnancy may affect my healing response. I also understand that some medications may pose a risk to an unborn or nursing child.

H. My decision to undergo LASIK has been my own and has been made without duress of any kind. I understand that if at any time prior to my procedure I decide that I do not want to go forward with LASIK, I may withdraw my consent.

I. I authorize the eye doctors involved in performing my LASIK procedure and in providing my pre- and post-procedure care to share with one another any medical information relating to my health, my vision, or my LASIK procedure which they deem relevant to providing me with care.

J. I understand that information gathered about my procedure and my post-procedure care may be used to study the LASIK procedure. I give permission for my medical records to be released to persons involved in such studies and for my case to be presented at professional or scientific meetings or published in journals, as long as I am not identified by name. I also give permission for my LASIK procedure to be observed, and for the procedure to be photographed by still camera, movie camera, or videotape. I authorize a live webcam to be on during my procedure and understand that the live feed is accessible to the public allowing them to view the procedure. The photographs or videos may be shown at professional, scientific, educational, promotional, or similar meetings or published in journals, so long as my name is not revealed.

K. I understand that third parties may be contracted to provide certain services, including patient scheduling, medical data processing, quality assurance analysis, patient billing, and practice management. I give permission for the release of my medical information relating to my LASIK procedure to such third parties.

L. I agree to accept personal financial responsibility for the payment of all charges and fees related to my LASIK procedure. These include charges for the procedure itself, for medications I may need, for pre- and post-procedure care, for any eyeglasses or contact lenses required after the procedure, and for the expenses connected with my travel to Millennium. In the event that I have insurance that covers all or part of the cost of my LASIK procedure and follow-up care, I authorize the release of information relating to my LASIK procedure for insurance or payment purposes.

M. I understand the risk in undergoing LASIK. I wish to have LASIK performed and hereby consent to the procedure and to any pre- or post-procedure care that my eye doctors deem necessary or advisable.

N. I verify that I will not wear/have not worn contact lenses during the prescribed period for my type of lenses prior to undergoing LASIK.

O. I understand that should I need additional laser vision correction, I will be required to return to Millennium and expenses for transportation and lodging will be my responsibility in addition to any enhancement costs.

P. I understand that the ophthalmologist scheduled to perform the LASIK procedure at Millennium will make the final determination as to whether or not to proceed by exercising sound best medical judgment. Other options can be discussed at that time.
Signature Page

I. I consent to undergo LASIK for correction of (please circle):

   a) Right Eye    b) Left Eye    c) Both Eyes

   a) Myopia   b) Myopia with Astigmatism  c) Hyperopia  d) Hyperopia with Astigmatism

II. I have been counseled regarding the option and potential risks and benefits of LASIK and the advantages of treatment with premium laser technology (WaveLight EX500), and the flap treatment with premium laser technology creation with the femtosecond laser (FS200/VisuMax)

   Initials_______

III. I understand that after undergoing LASIK surgery, it is important that I have appropriate post-operative care from an eye care professional that knows my case and is qualified to render this necessary care. This post-operative care may be provided by my surgeon, or alternatively, if I so choose, by another trained optometrist or ophthalmologist, provided that my surgeon determines it is clinically appropriate. I understand that I have the right to see the physician that performed my surgery for my postoperative care. I recognize that if problems develop during the post-operative period, I must notify my surgeon and I may need to return to Millennium for treatment. I understand that if I am not seen by a trained optometrist or ophthalmologist for my one (1) day post op, one (1) week post op, and at least one out of the two remaining post-operative appointments (1 month and 3 month) following my procedure, in addition to annual comprehensive exams; I will forfeit my rights to any included enhancement care and may be subject to additional fees unless previous arrangements have been made.

   Initials_______

IV. I have had the opportunity to watch the pre-operative instruction and informed consent video and have had all my questions related to this consent and the other documents reviewed in the video answered to my satisfaction.

   Patient’s Signature: ________________________________  Date: _____________  Time: ____________

   Patient’s Name (Print): __________________________________________________________________

   Witness/Companion Signature: __________________________________________________________________

   Witness/Companion Name (Print): ________________________________________________________________

IV. I am a duly licensed eye care professional in good standing. I am knowledgeable about laser vision correction and its risks and benefits. I have personally discussed the consent form with the patient, have given the patient the opportunity to ask questions, and have answered those questions to the best of my ability.

   Surgeon Signature: ________________________________ Date: ________________

   Surgeon Name:  Cory Lessner, MD