PATIENT CONSENT FORM

Laser In-situ Keratomileusis (LASIK)

For the Correction of Nearsightedness, Farsightedness and Astigmatism

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, more recently, 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 use of the VISX Star S4 Laser™ system has been approved by the FDA for the treatment of nearsightedness, farsightedness, astigmatism, and their combinations on the surface of the cornea as well as under a corneal flap. The WaveLight Allegretto and WaveLight EX500 excimer laser systems have also been approved by the FDA for the treatment of nearsightedness and farsightedness, with or without astigmatism, for use under a corneal flap (LASIK). The IntraLase and the FS200 femtosecond lasers both 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. 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 objects near to the viewer 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.

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III. Vision Correction Alternatives

Vision problems resulting from refractive error (nearsightedness, farsightedness, and astigmatism) were typically corrected either with eyeglasses or contact lenses in the past.

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, taking approximately 4-10 days for good driving vision to return, and because there is usually slightly more discomfort involved, LASIK has become the procedure of choice for most patients.

In addition to PRK, a more dated procedure, originating in Russia in the mid-70's, known as radial keratotomy (RK), is rarely used to treat nearsightedness and/or astigmatism. While radial keratotomy (RK) sounds similar to photorefractive keratectomy (PRK), the two procedures are different and should not be confused. In RK, an ophthalmologist reshapes the cornea by using a hand-held blade to make a pattern of incisions in the cornea that look like the spokes of a wheel. The incisions weaken the structure of the eye and permit the cornea to flatten, effectively shortening the length of the eye and correcting the refractive error.

Intraocular Lenses – Refractive lens exchange is a procedure available for moderate to high myopic or hyperopic patients where the natural crystalline lens is removed and an intraocular (IOL) is inserted. A phakic intraocular (IOL) lens is 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.

LASIK, or laser-assisted in situ keratomileusis, is used for treatment of nearsightedness, farsightedness and astigmatism. 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 the Femtosecond laser. At Millennium, our procedure of choice is to create the flap utilizing the laser. The microkeratome is used in certain situations when the surgeon feels it may be beneficial to the patient, such as previous RK or deep scarring. The microkeratome creates a thin flap of corneal tissue of approximately 160 microns thick (about one third the thickness of the cornea). With the FS200 or IntraLase laser, a thinner flap of approximately 110-120 microns is created by a laser that uses femtosecond (quadrillionth of a second) pulse durations. The flap is folded back like the page of a book and the excimer laser is used to remove ultra thin layers from the cornea to reshape it. Following the laser ablation the flap is laid back in place.

LASIK is a valid option for patients because it offers more rapid visual rehabilitation than PRK and can reduce both postoperative discomfort and haze formation.

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 three (3) days to one (1) week prior to their procedure. Patients who sleep in their lenses should be out a minimum of ten (10) days to two (2) weeks; those patients whose contacts correct for astigmatism should be out of them for ten (10) days to two (2) weeks. Patients who wear gas permeable or hard contact lenses must totally stop wearing such lenses for one month per every decade of wear. 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, large pupils (greater than 8 millimeters in diameter in low light conditions), keratoconus (progressive thinning/steepening of the cornea), keratitis sicca (advanced dry eyes), abnormal eyelid closure, active collagen vascular disease (e.g. rheumatoid arthritis, systemic vasculitis, endothelial dystrophies (cell count <1500), unstable diabetes, or glaucoma, expectant or nursing mothers, visually significant cataracts, history of ocular herpes simplex, active ocular inflammatory disease, inadequate exposure of the eye, or insufficient corneal thickness. If you know that you have any of these conditions, you must inform your eye doctor.

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VI. The LASIK Procedure

On arriving at **Metro Eye MD** you will be greeted and have the opportunity to ask any remaining questions regarding this consent. Before proceeding with LASIK, a final check of your eyes will be completed. Eyes to be treated are measured and mapped and the information is reviewed to detect and isolate any irregularities in the shape of the cornea. The ophthalmologist performing your procedure and the staff at **Metro Eye MD** will be available to review the procedure with you, answer any questions, and conduct additional examinations as appropriate.

Most patients dress casually, comfortably and warmly, since the room is kept cold for optimum laser performance. You are **not** allowed to wear make-up, colognes, perfumes or scented lotions, as it may interfere with the performance of the laser. We encourage patients to bring a companion with them to see the LASIK procedure since you will not be permitted to drive home by yourself following the procedure. Your 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 put on your head. Topical antibiotic 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.

In the laser room you will be positioned on a bed. Following installation of topical anesthetic eye drops to totally numb the eye, a speculum is placed between the upper and lower eyelids to prevent you from blinking. A marker is used to mark the peripheral cornea to allow for exact replacement of the corneal flap at the end of the procedure. With the femtosecond laser, 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 insure good flap creation by making the eye firm. In cases when the microkeratome is used, more pressure needs to be applied but the sensation is similar. Before the flap is created, the ophthalmologist will ensure that adequate intraocular pressure has been reached. The flap is then created with a planned hinge to prevent loss of the tissue. The corneal flap is gently lifted and the excimer is focused on the underlying corneal bed. An eye tracking system will be activated and the surgeon will ask you to stare at a fixation light. The laser is then used to remove microscopic layers of corneal tissue. When IntraLase is used, these two steps are separate and performed in separate suites. 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. For example, the laser emits a clicking or snapping sound whenever it is in use. The ophthalmologist will let you know before the pulses begin so that the noise will not startle you. Laser treatment of the eye tissues also produces an odor similar to that of a singed hair.

The LASIK procedure typically takes less than 5 minutes per eye in duration. 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, your surgeon will examine your eye. You may return home however you are not permitted to drive and must have a driver or make other arrangements for transportation.

VII. Post-Procedure Expectations

After the procedure, the vision will be blurry as if looking through a Vaseline-covered window. This will clear rapidly over a period of hours. You may also experience sensitivity to light for a few hours. Patients can set their own activity level, provided they stay in a clean environment. However, many patients choose to rest for the remainder of the day. During the immediate postoperative period, great care must be taken to avoid displacement of the flap. You should avoid rubbing the eyes for the first month following the procedure.

Before you leave **Metro Eye MD** 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); you will need to start the antibiotic the day before surgery.

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During the day following the procedure, you may be somewhat sensitive to light. Your 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.

Patients are required to return to **Metro Eye MD** or their eye care provider on the day following the procedure 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. Steroid eye drops are often used after the procedure to reduce redness, eye irritation, and to regulate the healing response. Regular follow-up visits are required. Initial post-operative evaluations should be scheduled one day and one week following the procedure. Follow-up evaluations are then required one month, and three months or as needed after the initial procedure. Yearly routine dilated exams to monitor the general health of your eyes are required. You must keep at least two out of your three post-op appointments, (i.e. 1 week, 1 month and 3 months) or enhancement charges (beyond year two – see above) will apply, regardless of whether it falls within the initial inclusive period. Patient must meet year 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. In addition, because LASIK is a relatively new procedure introduced in 1990, it is possible that there may be longer-term risks that are unknown at this time. Even though LASIK may dramatically improve visual rehabilitation as compared to other laser vision correction procedures, and may reduce both postoperative discomfort and susceptibility to infection, it is associated with a new set of issues; primarily those associated with the creation of the corneal flap.

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.

   B. Irregular healing, inflammation, ectasia (abnormal weakness of the cornea), or scarring of the flap could result in a distorted corneal surface which would not allow spectacle or contact lenses to correct vision to what was possible before the LASIK procedure; 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. Other possible complications and risks include, but are not limited to, corneal swelling, retinal detachment, hemorrhage, venous and/or arterial blockage, glaucoma, cataract formation, total blindness and even the loss of the eye.

The following sight threatening risks only pertain to those having the flap created with the microkeratome (blade), those having the flaps created with the laser (IntraLase or FS200) do NOT apply. If you are having your procedure performed with a femtosecond laser, you may skip to 2) on the next page of this consent:

   E. New keratome designs have all but eliminated the possibility of an unintended perforation of the cornea. If this occurred, it could require suturing to close the perforation, could possibly require a full-thickness corneal transplant, or could even cause a cataract to form.

   F. If a non-hinged “cap” is created, instead of a flap during the procedure, this cap could potentially be lost due to trauma after the procedure. This could result in distorted vision, irregular astigmatism, prescription change and loss of best-corrected vision. Replacing the cap could require donor tissue from an eye bank. It is

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possible that even with this further surgery, the best-corrected visual acuity may not be restored to what it was before the procedure.

G. The manual microkeratome could malfunction and the procedure may need to be aborted. In these instances, the procedure is typically repeated at a later date (three months time).

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 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 Tylenol, aspirin or ibuprofen, this discomfort is easily alleviated with a topical anesthetic 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 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 exist. 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 more commonly occur with the use of microkeratome technology. The mechanical action of the keratome as it glides across the surface of the eye has the potential to rub off some of the surface cells (epithelium) 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 smoothes 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) is the probably 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, several tests will be performed during your evaluation to determine its severity. If moderate, IntraLase is preferable since the hinge position can be altered to spare one of the two corneal sensory nerves responsible for feedback and reflex tearing. If dry eye is severe ASA may be preferable.

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 (5-10%) and are usually amenable to fine-tuning, otherwise known as an enhancement. Enhancements are usually not performed until vision has totally stabilized, typically about three 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. Assuming that your surgeon or doctor told you that there would be enough tissue remaining to perform additional surgery, 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. Again,

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because the femtosecond laser allows for the creation of a thinner, more exact corneal flap (120 vs. 160 M), patients who have limited amounts of corneal tissue for their prescription will have more tissue available for refinements.

In some patients, the vision correction affects 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 is in fact expected as 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.

F. Diffuse Lamellar (Interface) Keratitis, also known as Sands of Sahara, is an inflammatory non-infectious process that takes place under the flap in about 1 in 250 patients. Unlike as in the case of infection, patients do not typically have pain and redness. Symptoms include a decline in vision accompanied by an increase in light sensitivity. This usually occurs from 48-72 hours following the LASIK procedure. If you experience these symptoms, you will be asked to contact the center or your eye doctor so that you can be seen. If you are diagnosed with "Sands", you will be asked to increase the use of your steroid drops. Daily follow-up examinations are then typical until the inflammation resolves. In advanced cases, the flap may have to be lifted to wash out some of 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. Most cases, however, resolve completely without any evidence of past inflammation. 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.

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. 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, WaveLight EX500, and Visx S4 CustomVue because of the larger diameter and the tapering of transition areas created between the treated and untreated areas of corneal tissue.

I. 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.

J. 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.

K. 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, squash, tennis, softball and martial arts. A severe blow to the eye could result in the wrinkling or loss of the flap with subsequent loss of best-corrected vision.

L. During eye surgery, it is necessary to hold the eyelids open with a speculum. In rare cases, this can cause the upper lid to become lower than it was originally. This lowering of the upper lid is called ptosis. It usually

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resolves spontaneously after about two months, but can remain permanently. Patients undergoing cataract extraction and corneal transplants seem to be more likely to develop ptosis than patients undergoing laser vision correction. There is no way to completely avoid the risk of ptosis since the lids must be held open during the procedure. Every patient must consider ptosis as a risk factor of LASIK, however it is exceedingly rare, and if it should occur, it can be surgically corrected.

M. Inconvenience Between Procedures. In the event that a patient has LASIK performed on just one eye at a time, the two eyes may not work well together in the time between the performance of the procedure on the first eye and the second eye.

N. Long-Term Effects. Because LASIK is a relatively new procedure, the long-term effects and consequences of the procedure have not been fully determined.

IX. Possible Benefits

In most cases, LASIK results in a person's reduced dependence on eyeglasses and contact lenses. Some patients may elect to correct their distance vision in one eye while leaving the other eye slightly nearsighted. 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. 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. Traveling may be more convenient, without having to worry about extra contact lenses or glasses. Sports or water activities may be more enjoyable without the hassle of corrective eye wear.

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 the excimer laser for refractive surgery.

   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, 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 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.

4. 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.

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5. 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.

6. 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.

7. 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.

8. 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.

9. 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 **Metro Eye MD.** 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.

10. 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.

11. 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.

12. I understand that should I need additional laser vision correction, the enhancement procedure will be performed by the ophthalmologist who performed the prior LASIK procedure. I also understand I will be required to return to **Metro Eye MD** and that expenses for transportation and lodging will be my responsibility.

13. I understand that the ophthalmologist scheduled to perform the LASIK procedure at **Metro Eye MD** 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.

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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

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II. I have been counseled regarding the option and potential risks and benefits of LASIK and the possible advantages of treatment with premium laser technology (VISX Star S4 CustomVue/Allegretto WaveLight/WaveLight EX500), and the option of flap treatment with premium laser technology creation with the femtosecond laser (FS200/IntraLase)

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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 chose, 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 **Metro Eye MD** for treatment. I understand that if I am not seen by a trained optometrist or ophthalmologist for my one day post op and at least two out of the three required post-operative appointments (1 week, 1 month, 3 month) following my procedure, I will forfeit my rights to any included enhancement care and may be subject to additional fees unless previous arrangements due to geographic constraints preclude me from doing so have been made.

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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): _____

V. 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:

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