



**Vision Correction Information and Expectations**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for choosing LaHaye Total Eye Care for your Vision Correction Surgery! You have taken the first step towards **decreasing your dependency on glasses and/or contacts. There are no guarantees regarding the elimination of your need for glasses.**

We would like to have a better understanding of your realistic expectations for your eye surgery. Based on what you know so far about Vision Correction surgery, please answer the following questions:

What do I want from my eye surgery? \_\_\_\_\_

What do I realistically expect from my eye surgery? \_\_\_\_\_

**Our goal is to provide you with the information necessary to make an informed decision about vision correction surgery. Having a better understanding and realistic expectations are important for us to achieve this goal—TOGETHER.**

Mini-monovision is incorporated into surgery for patients who are 37 and older. This is to allow patients within the presbyopic age range to keep some of their near vision. It is not a guarantee that you will never need reading glasses, but it may reduce the need for reading glasses.

This information does not include all risks and complications associated with vision correction surgery. However, it does serve to help candidates better understand the realistic outcomes of vision correction surgery.

All routine post-operative care for one year is included in the cost of Vision Correction Surgery. Additional care required for complications due to Vision Correction surgery within the first year, or thereafter, are not included in the cost of Vision Correction surgery. You will be billed additionally for these services if they are needed.

**Please stop here. The remainder of this form will be completed at your visit.**

I completed the candidacy process which includes having read the Informed Decision and Consent Form and having all of my questions answered by the ophthalmologist and the staff of LaHaye Total Eye Care. My expectations for the outcome of vision correction surgery are (check one):

\_\_\_\_ The Same Expectations As Above.

\_\_\_\_ My Expectations Have Changed As Follows: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_