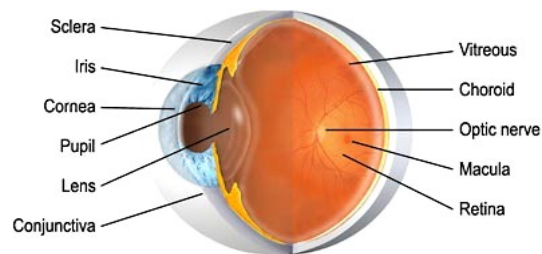




## VISION CORRECTION SURGERY PATIENT INFORMATION FORM AND CONSENT

**Vision Correction Surgery Patient Information Form and Consent.** This Vision Correction Surgery Patient Information Form and Consent ("Information Form and Consent") will help you decide whether vision correction surgery is right for you and help you make an informed decision concerning your vision correction options. This Information Form and Consent 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 and risks associated with vision correction surgery. This Information Form and Consent is supplemented by an Addendum Informed Consent ("Addendum") specific to the particular surgery you select. The Addendum identifies the common risks, side effects, and complications associated with your specific surgery. You should carefully read and thoroughly understand the information provided to you regarding vision correction surgery before your surgery. Also, discuss any concerns or questions you have about vision correction surgery with your surgeon and 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 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 located at the back of the eye. The retina converts these light rays into electrical impulses that are transmitted through the optic nerve to the brain. The drawing 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, and astigmatism are each examples of refractive errors.

**Myopia** (nearsightedness) is a vision condition in which close objects are seen clearly, but objects farther away appear blurred. Myopia may occur if the eye is too long or the cornea has too much curvature.

**Hyperopia** (farsightedness) is a vision condition in which distant objects are seen clearer than objects closer. Hyperopia may occur if the eye is too short or the cornea has too little curvature.

**Astigmatism** is a vision condition due to either an irregular (oval) shape of the cornea and/or the lens inside the eye. This may result in blurred vision at any viewing distance.

### **Treatment for Refractive Errors.**

**Eyeglasses.** Eyeglasses remain the most common method of correcting refractive errors because they are safe and relatively inexpensive. Eyeglasses compensate for nearsightedness, farsightedness, astigmatism and presbyopia. 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 larger refractive errors.

**Contact Lenses.** Contact lenses compensate for 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. Contact lens use may result in the increased risk of corneal infections and other problems.

**Vision Correction Surgery.** Corneal vision correction surgery is an elective procedure available to correct refractive errors. Corneal 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. The method used to access the cornea and to reshape the cornea varies based on the type of procedure. Corneal vision correction surgery is not for everyone and has associated risks, side effects, and complications. Despite the best of care, side effects and complications may occur. You must carefully consider the available vision correction surgeries, and the benefits, side effects and complications associated with each. Refer to the Addendum for specific information about the surgery chosen by you and your surgeon. The below sections briefly describe several options available for vision correction surgery.

- **LASIK (Laser-Assisted 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. LASIK is currently the most common vision correction surgery and it offers a more rapid visual recovery as compared to other forms of laser vision correction.

**“BLADELESS” LASIK (Femtosecond Laser-Assisted in Situ Keratomileusis).** In a Bladeless LASIK procedure, your surgeon accesses the cornea through a flap created by a laser.

**“BLADED” LASIK:** Bladed LASIK differs from Bladeless LASIK in the type of instrument used to create the flap. In Bladed LASIK, your surgeon uses an instrument called a mechanical microkeratome with a blade to create the flap.

- **SURFACE ABLATION**

**PRK (Photorefractive Keratectomy) or Surface Ablation.** PRK is designed to correct nearsightedness, farsightedness and astigmatism. Your surgeon accesses the cornea by removing the protective surface layer, then uses a laser to reshape the cornea. PRK is an outpatient surgery and takes approximately 5-15 minutes per eye to complete.

**LASEK (Laser-Assisted Sub-Epithelial Keratectomy) or EPI-LASIK (Epithelial Laser-Assisted in Situ Keratomileusis).** LASEK or EPI-LASIK differs from the PRK procedure in that your surgeon creates a flap in the protective outer layer of the cornea. This is commonly referred to as an epithelial flap and is created by using one of the following methods:

**LASEK** – Alcohol is used to soften the protective outer layer of the cornea, the surgeon creates the epithelial flap, and the flap is folded to one side.

**Epi – LASIK** - the surgeon uses an instrument called an Epi-tome that has a blunt dissecting blade to create the epithelial flap which is folded to the side.

- **AK (Astigmatic Keratotomy).** AK is designed to correct corneal 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.
- **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), or to correct irregularities in the shape of the cornea associated with keratoconus or keratectasia (“ectasia”) by implanting corneal rings in the eye to reshape the cornea.
- **CK (Conductive Keratoplasty) or NEARVISION CK.** CK is designed to reduce mild to moderate farsightedness and presbyopia (+.75 to +3.25 diopters). CK uses radio frequency instead of a laser to reshape the cornea. CK is an outpatient procedures and take approximately 3 minutes per eye to complete.

- **PTK (Phototherapeutic Keratectomy).** PTK is designed to treat some corneal disorders, scars or other abnormalities of the cornea caused by naturally occurring pathology, injury or surgery. 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.

### **Presbyopia.**

Presbyopia is the loss of the flexibility of the lens 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. Presbyopia progresses with age with or without vision correction surgery. Vision correction surgery cannot reverse the aging process, and therefore, cannot reverse presbyopia. However, there are surgical and non-surgical techniques available which may improve close vision. The treatment options described below may effectively reduce symptoms associated with presbyopia, but they will not stop the progression of presbyopia.

### **Treatment Options for Presbyopia.**

**Target Monovision.** Monovision allows the presbyopic patient to use one eye for distance viewing and one eye for near viewing. A presbyopic patient can undergo vision correction surgery on one eye to correct the distance vision, and vision correction surgery on the other eye to correct the near vision. Many patients have difficulty adjusting to Monovision. Therefore, if you are considering monovision with LASIK, make sure you go through a trial period with contact lenses to see if you can tolerate monovision, before having the surgery performed on your eyes. In addition, you should consider how much your presbyopia is expected to increase in the future. Ask your doctor when a second surgery might be required to further correct your near vision.

**Corneal Inlays.** Corneal inlays are placed in the cornea in the non-dominant eye providing correction for the symptoms of presbyopia. There are 3 basic optical designs for corneal inlays: Refractive Corneal Inlay, Corneal Reshaping Inlay, and Small Aperture Corneal Inlay. Discuss with your surgeon and personal eye care provider which inlay design s/he recommends for you. The placement of corneal inlays may be combined with LASIK for the correction of refractive error in a simultaneous (same day) or sequential 2-staged procedure.

**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:

- Attain necessary vision requirements for certain professions or military service
- 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
- Reduce the cost of eye wear and enhance your personal appearance

### **Candidates for Vision Correction Surgery.**

Before your surgery, you **must** inform your surgeon of any fact, condition or disease you believe may affect the outcome of your vision correction procedure, including those conditions listed below.

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

- Meet the minimum age requirements for the procedure selected and the laser used as discussed with your surgeon
- Had eyeglasses or contact lenses prescription that did not change more than ½ diopter for at least one year
- Are in good general health and free from active eye disease
- Have the physical ability to lay flat and maintain visual fixation during the procedure

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

- Have an active immunodeficiency (i.e. AIDS), autoimmune or collagen vascular disease (i.e. rheumatoid arthritis) or any condition or systemic disease that weakens your immune system
- Take certain medications that either weaken your immune system (i.e. lupus, AIDS) or have ocular side effects
- Have uncontrolled diabetes
- Are pregnant, nursing or actively attempting to become pregnant within the next six months
- Are in a profession that prohibits your selected vision correction surgery
- Take certain medications with ocular side effects, such as Isotretinoin (a/k/a Accutane) for acne or Amiodarone Hydrochloride (a/k/a Cordarone) for controlling heart rhythm

Generally, you may not be a good candidate for vision correction surgery if you have the following conditions, diseases, or medical history:

- Any recurrent, residual or active eye condition which may affect healing
- Amblyopia (lazy eye)
- Strabismus (muscle imbalance) or previous strabismus surgery
- Severe allergies
- Severe dry eyes
- Previous eye surgery or injury
- Certain eye diseases, such as uveitis/iritis (inflammation of the eye), cataracts or glaucoma, glaucoma suspect, or ocular hypertension
- Certain eye viruses, such as herpes simplex and herpes zoster
- Immunodeficiency, autoimmune or collagen vascular disease (i.e. rheumatoid arthritis) or any condition or systemic disease that weakens your immune system
- Ocular complications associated with diabetes
- Corneal disease or abnormality
- Thin cornea
- Signs of Keratoconus or other condition causing a thinning of the cornea
- Take or have taken certain medicines that affect the condition or health of the eye such as Sumatriptan (a/k/a Imitrex) for migraine headaches
- Keloid scarring with previous surgical healing
- Back problems, claustrophobia or psychological problems
- Blepharitis, which is an inflammation of the eyelids that may increase the risk of infection or inflammation of the cornea
- Large pupils, which can cause symptoms such as glare, halos, starbursts, and ghost images (double vision) after surgery. In some patients, these symptoms may be debilitating.

You also may not be a good candidate for vision correction surgery if you actively participate in contact sports in which blows to the face and eyes are a normal occurrence, or have an implanted electronic device such as a pacemaker or defibrillator.

**General Risks, Side Effects and Complications.** Most patients are pleased with the results of vision correction surgery; however, like any surgical procedure, vision correction surgery is associated with risks, side effects and complications. It is very important that you carefully consider the alternatives, risks, potential side effects and complications, and benefits of vision correction surgery before deciding whether the surgery is right for you. Despite the best of care, side effects and/or complications may occur which could negatively impact your vision. There is no way to predict your visual recovery time from vision correction surgery.

**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. Provided you remain a candidate for vision correction surgery, you may require additional surgery to achieve or maintain your best vision. Additional surgery may not be medically advisable for some patients.

Clinical evidence suggests that patients who take anti-depressant medication may be less satisfied with their results from vision correction surgery.

**Keratectasia (Progressive Corneal Steepening and Thinning After Vision Correction Surgery).** 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 corneal laser vision correction characterized by irregular thinning and weakening of the cornea that can lead to a progressive change in refractive error and loss of vision. Although keratectasia may occur in eyes not presenting topographic irregularity before vision correction surgery, keratectasia is more commonly found in patients that preoperatively have high myopia, thin corneas, or irregular topographies. This condition may result in loss of uncorrected and best corrected vision (blurred vision not correctable with glasses or contact lenses).

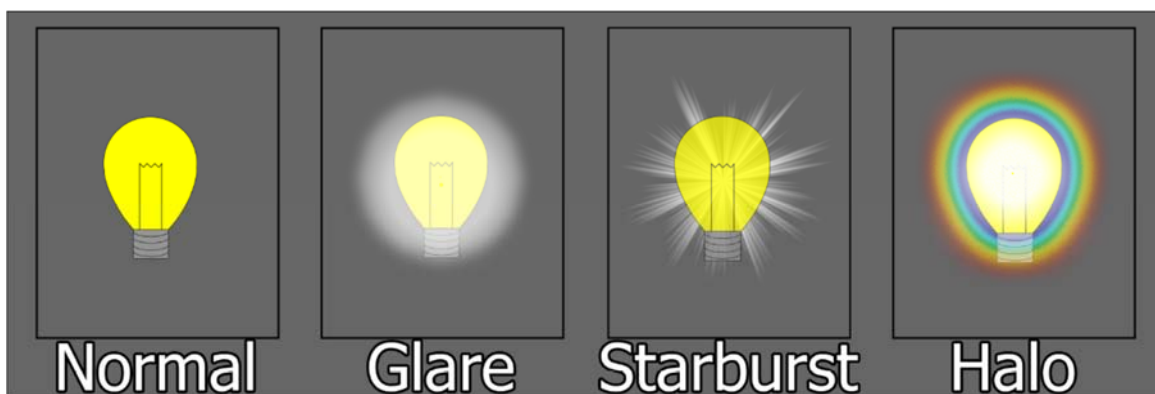
The progressive change which occurs with keratectasia is similar to that found with the disease called keratoconus. Keratoconus is a degenerative disorder of the cornea in which structural changes within the cornea cause it to thin and steepen (a more conical shape than the normal cornea). Keratoconus may not be identified by topography, especially in younger patients. These patients may develop thinning and steepening after vision correction, despite no obvious signs of keratoconus on pre-operative examination.

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 irregular topography is higher with LASIK where the excimer laser treatment is applied deeper in the cornea under a stromal flap, as compared to surface ablation laser treatment (PRK, LASEK, and Epi-LASIK). While mild keratectasia can be corrected with the use of glasses or contact lenses, severe keratectasia may need to be treated with a corneal transplant.

**Corneal Infection.** An infection of the cornea results in corneal scarring or perforation that may affect the quality of vision. In rare instances, the scarring may be severe and may need to be treated with a corneal transplant. Should an infection occur following surgery, the course of treatment necessary may be costly and extensive, including referral to a specialist not affiliate with SEI and special medication.

**Dry Eye Syndrome.** Dry eye syndrome caused by your eye not being able to produce enough tears to keep the eye moist and comfortable. This syndrome may cause discomfort, fluctuating vision, and reduced visual quality. Gender, age and medications may affect your risk factor to develop dry eye syndrome.

**Night Vision Disturbances.** Night vision disturbances means the development of double vision, glare, halos, and/or starbursts around lights or images, which may, for some people, have a debilitating effect on the ability to drive or otherwise carry out activities of daily living. Even with good vision on the vision chart, some patients after vision correction surgery do not see as well in low light situations, such as dimly lit rooms, as before treatment. Patients who have glare, halos and/or starbursts around lights before vision correction surgery may have a worsening of those conditions after corneal laser vision correction surgery.



**Additional General Risks, Side Effects and Complications.** It is impossible to list all the risks, side effects, and complications associated with vision correction surgery, and a description of the general risks, side effects and complications associated with the particular surgery you have selected will be provided to you in the Addendum. The side effects and complications may be temporary or permanent, and range between being mild to severe or debilitating. Because LASIK is a relatively new procedure, certain risks, side effects, and complications associated with it are unforeseeable at this time. As a result, it is important to be aware that the long-term studies of LASIK may reveal additional risks, side effects, and complications not described in this LASIK Informed Consent. Generally, side effects and complications associated with vision correction surgery include:

- Dry eye
- Increased intraocular pressure (caused by post-op medications)
- A lessening or increasing of the effect of the surgery over time
- Blurred or Fluctuating Vision
- A prescription imbalance between eyes
- Pain or discomfort
- Foreign body sensation
- Increased sensitivity to light
- Headaches or eye strain
- Corneal haze affecting the quality of vision
- Some patients lose lines on the vision chart that cannot be corrected with glasses, contact lenses, or surgery as a result of treatment.
- Your unaided vision may not reach 20/20
- You may be a candidate for additional surgical treatment, but additional surgical treatment may not be medically advisable for some patients
- You may still need glasses or contact lenses after surgery, even if you only required a very weak prescription before surgery
- You may need reading glasses after surgery, even if you did not need reading glasses before surgery
- You may not be able to wear contact lenses after surgery.

In rare circumstances, death may occur because of a surgical complication (i.e. infection) or a secondary complication (i.e. allergic reaction to medication or other drug reaction).

**Pre/Post Surgery Expectations.** The goal of vision correction surgery is to achieve the best visual result in the safest way and to 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 Consent and the Addendum to this Information Form and 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 and Consent and the Addendum to this Information Form and 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. On the day of surgery, you may be advised that you are no longer a candidate for the scheduled surgical procedure and an alternative procedure may be recommended to you. On the day of surgery, an additional procedure may become immediately necessary as determined by your surgeon.

**After Surgery.** You will be provided with 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, it is important that after vision correction surgery you follow these post-operative instructions precisely and timely discuss any questions, issues or concerns with our surgeon or your personal eye care provider.

**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.

**Both Eyes or One Eye?** *While most patients choose to have vision correction surgery on both eyes on the same day*, it is important that you understand the advantages and disadvantages of your choice between having surgery on both eyes on the same day or having the surgeries on different days.

**Impact on the Risks.** The impact of the risks associated with vision correction surgery, such as corneal infection and/or severe inflammation, described in this Information Form and Consent or the Addendums specific to your surgery, is more significant if experienced in both eyes at the same time.

**Convenience.** It may not be convenient to have a separate surgery day for each eye because it would necessitate two periods of recovery from the corneal visual correction surgery and might require additional time away from work or other obligations.

**Visual Recovery.** Most vision correction surgery patients experience quick visual recovery. During recovery for surgeries performed on separate days, you will most likely experience a period of visual imbalance between surgeries. Your visual imbalance may be even more problematic if you are unable to wear a contact lens in your unoperated eye since eyeglasses may not correct the visual imbalance. The balance in vision between your two eyes will usually be restored more rapidly in same day surgery situations than with surgeries on separate days. However, with same day surgeries in both eyes, your vision in both eyes may be blurred until the healing process is completed.

**Treatment Plan.** If both eyes are treated at the same time or before one eye has a chance to fully heal, your doctor and you do not have the advantage of being able to see how the first eye responds to surgery before the second eye is treated. If you have different surgery days for each eye, your surgeon and you will decide how long to wait before surgery on the other eye. Under certain circumstances, your surgeon may elect not to proceed with the second eye surgery following completion of the first eye surgery.

**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 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 for your surgery may be distributed to your ECP for providing this care.

**Relationship and Financial Interest of Some Doctors.** Your surgeon may have an investment interest in Specialty Eye Institute, and may benefit financially from the vision correction services performed at this facility because of their investment interest. You have the choice to go to any healthcare provider offering vision correction surgery.

**Uninsured Services.** The types of vision correction surgeries described in this Information Form and Consent are typically not covered by insurance. Therefore, payment for these uninsured services will be billed to you directly and not to your health insurance.

## **Patient Agreement**

### **BY SIGNING THIS INFORMATION FORM AND CONSENT, YOU UNDERSTAND, CONSENT AND AGREE AS FOLLOWS:**

#### **1. Risks, Side Effects, and Complications (carefully review and check all that apply)**

- ☐ I have carefully considered and hereby freely accept the alternatives, risks, side effects, and complications that may result from the vision correction surgery I have selected. I have reviewed the risks, side effects, and complications described in this Information Form and Consent and in the separate Addendum for the specific vision correction surgery I have selected. I understand there may be other risks, side effects, and complications not identified in this Information Form and Consent or in the separate Addendum for the specific vision correction surgery I have selected.
- ☐ No guarantees have been made to me regarding the outcome of the vision correction surgery. I understand that additional correction with glasses, contact lenses or further surgery may be required.
- ☐ I understand that there may be other surgical and non-surgical alternatives for vision correction not identified in this document.
- ☐ I understand that having any vision correction procedure may disqualify me from some professions, including the military and certain law enforcement agencies. I understand it is my responsibility to investigate the requirements and exclusion criteria for any profession and sport/hobby in which I am interested.
- ☐ The clinical findings in relation to the risks of keratectasia (progressive corneal steepening and thinning) applicable to me have been thoroughly explained to me and I am fully aware of the possible risks and complications of keratectasia 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. Keratectasia can lead to progressive loss of vision, and that, while severe keratectasia may need to be treated with a corneal transplant, mild keratectasia may be corrected with the use of glasses or contact lenses or other surgical and non-surgical options.
- ☐ I understand that none of the corneal refractive procedures outlined in this Information Form and Consent will prevent naturally occurring eye problems, such as glaucoma, cataracts, retinal degeneration or retinal detachment.

#### **2. Pre and Post-Procedure Procedures and Restrictions (carefully review and check all that apply)**

- ☐ I have not worn nor will I wear contact lenses before my vision correction surgery within the time period recommended by my doctors.
- ☐ I understand that I may receive pre-operative sedation and that I must not drive for a period of 8 hours after receiving sedation. I acknowledge that my life and health and the life of others will be at risk if I drive during this period. This is because I may be impaired by the sedative. I also understand that driving while impaired may violate motor vehicle laws.
- ☐ I will follow all post-operative instructions and return for follow-up visits.

#### **3. Financial & Legal Matters (carefully review and check all that apply)**

- ☐ I understand that I will be charged a fee for this vision correction surgery, which includes post-surgical care. In rare cases, non-laser treatment may be needed, for which my surgeon may charge an additional fee.
- ☐ I understand that I am responsible for all travel costs and expenses related to my care and treatment.



- ☐ 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 initial prescribed post-operative period.
- ☐ I understand that I am responsible for all 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 my vision correction surgery is not covered by insurance and I am responsible for payment of the fee for my surgery.
- ☐ I understand that my surgeon may have an investment interest in Specialty Eye Institute, and s/he may benefit financially from the vision correction services performed at this facility. I also understand that I have the choice to go to any provider of vision correction surgery.
- ☐ **Governing Law.** I hereby agree that the laws of the State of Michigan, excluding any rule or principle of conflicts of law that may provide otherwise, govern this agreement.
- ☐ **Jurisdiction.** The medical or other health care and treatment I receive from Dr. \_\_\_\_\_ will be provided in the State of \_\_\_\_\_ and that the Arbitration Agreement (below) that forms part of this Information Form and Consent governs any complaint, demand, claim or proceedings relating to my treatment, or from any other aspect of my relationship with Specialty Eye Institute.
- ☐ I agree to arbitrate any claims and waive my right to a trial in court, as provided in the Arbitration Agreement attached to and made a part of this Information Form and Consent (below).

#### 4. Vision Correction Surgery Elections:

##### **A. Vision Correction Surgery (carefully review and initial all)**

\_\_\_\_\_ I consent to have vision correction surgery performed.

\_\_\_\_\_ I consent to any additional or alternative procedure, which may be found to be immediately medically necessary in the professional judgment of the physicians present during the performance of this procedure.

##### **B. Choice of Vision Correction (carefully review and initial and/or complete all that apply):**

\_\_\_\_\_ I choose to have both eyes fully corrected for distance vision.

OR

\_\_\_\_\_ I choose to have monovision and I understand that my \_\_\_\_\_ eye will be corrected for distance vision.

##### **C. One Eye or Both Eyes? (carefully review and initial all that apply):**

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

## 5. Management of Care Elections.

### **A. Choice of Management of Care (carefully review and initial and/or complete all that apply):**

\_\_\_\_\_ I agree that my vision correction surgery care and treatment will include surgery performed by my surgeon, Dr. \_\_\_\_\_, assisted by staff and/or other doctors. I choose to have my co-management by my personal eye care provider(s) and/or my surgeon, assisted by staff and/or other doctors. I have had the opportunity to inquire and receive information regarding the credentials and experience of the surgeon and other doctors rendering care and treatment to me at Specialty Eye Institute.

### **B. Surgeon Independent Contractor (carefully review and initial and complete all that apply):**

\_\_\_\_\_ I understand that my surgeon Dr. \_\_\_\_\_ is not an employee or agent of Specialty Eye Institute. Dr. \_\_\_\_\_ is an independent medical provider and Specialty Eye Institute has no control over his/her practice of medicine. Specialty Eye Institute provides non-medical management services to my surgeon and collects the patient fee on his/her behalf while retaining a portion of the fee as a facility fee.

### **Acknowledgements (carefully review and initial):**

## 6. Voluntariness, Competency and Understanding

\_\_\_\_\_ I am competent, in clear mind and have carefully read and fully understand the information in this Information Form and Consent and the separate Addendum 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.

\_\_\_\_\_ The information contained in this Information Form and Consent and the separate for the specific vision correction surgery I have selected have been explained to me using terms that I could understand. I have been encouraged to ask questions and all my questions and concerns have been addressed.

\_\_\_\_\_ I understand that vision correction surgery is an elective procedure. My decision to undergo vision correction surgery is voluntary and made without duress of any kind.

I certify that I have read and fully understand the above Information Form and Consent, that the explanations referred to above were in fact made to me, and that this form was filled in prior to commencement of the procedure and prior to the administration of any sedatives or other drugs. I understand that I am free to withdraw this consent at any time before surgery.

**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. Resolving disputes by arbitration is a quick and efficient alternative to the court system. As such, we request that all patients receiving services at Specialty Eye Institute sign this agreement. By signing this Arbitration Agreement and consenting to treatment, you agree that:

- Any dispute you have arising out of (i) the diagnosis, treatment and services you received in connection with vision correction surgery, whether provided by your surgeon, anesthesiologist, nurse, and/or other eye care provider, including treatment and services you received both before and after the date of this Arbitration Agreement, or (ii) the applicability and scope of this Arbitration Agreement, will be resolved exclusively and finally by binding arbitration except for claims within the jurisdictional limit of the Small Claims Courts within the State of Michigan. The judgment of any circuit court in the State of Michigan may be rendered on the award of any arbitration proceeding brought under this Arbitration Agreement.
- This Arbitration Agreement binds all parties whose claims may arise out of, or are related to, treatment or services provided at Specialty Eye Institute, by your surgeon, anesthesiologist, nurse, and/or other eye care provider, including any claims of your spouse, children, parents, siblings and/or heirs.
- The arbitration proceedings will be administered by the AHLA Dispute Resolution Service, under its Rules for Procedure of Arbitration then in effect.
- This Arbitration Agreement is governed by the laws of the State of Michigan (if performed in Michigan) and by the laws of the State of Ohio (if performed in Ohio).
- Notice of your intent to pursue arbitration must be made in writing to Specialty Eye Institute at 850 W. North Street, Suite 104, Jackson, MI 49202.
- If Specialty Eye Institute decides to seek arbitration, it will provide written notice to you at the mailing address you have provided to SEI.
- The arbitration will be in English and conducted by one arbitrator.
- The parties will seek to agree on an arbitrator. If the parties cannot agree, the AHLA Dispute Resolution Service will select the arbitrator.
- The arbitration will take place in Detroit, Michigan.
- 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 s/he waives his/her right to a trial in court for any future malpractice claim s/he, or his/her children, parents, siblings and/or heirs may have against Specialty Eye Institute, the relevant surgeon, anesthesiologist, nurse, or other eye care provider.**

**Patient's Signature** \_\_\_\_\_ **SEI Representative's Signature** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For SEI Use Only**

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

☐ LASIK/PRK Addendum

☐ AK Addendum

☐ Legal Guardian Addendum

☐ CK Addendum

☐ PTK Addendum

☐ LASEK Addendum

☐ INTACS Addendum

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_