CLEBURNE EYE CLINIC

TEXAS EYE AND LASER CENTER
DR. BRIAN D. RANELLE DR. JERRY G. HU

INFORMED CONSENT FOR EXCIMER LASER

LASER IN SITU KERATOMILEUSIS (LASIK)

Please read the following pages carefully and initial and sign where indicated. Please do not sign any section that you have not read or do not understand.

SECTION 1: GENERAL INFORMATION ON INFORMED CONSENT

It is our intention to fully inform you concerning side effects, limitations and complications of LASIK surgery. It is important to understand that it is impossible to perform any form of surgery without the patient accepting a certain degree of risk and responsibility. This consent is designed to enhance your understanding of the potential for difficulties that may be encountered during the procedure and the healing process.

Patient Initials:

_____

SECTION 2: BACKGROUND SUMMARY

LASIK, a form of laser vision correction, reshapes the part of the eye known as the cornea to possibly reduce or eliminate the need for glasses or contact lenses in cases of nearsightedness, farsightedness, and astigmatism. There are two primary techniques for reshaping the cornea with the excimer laser, PRK and LASIK. In both procedures the clear covering (cornea) over the colored part of your eye (iris) is reshaped with your prescription. PRK reshapes the surface layers of the cornea while LASIK, reshapes the inner corneal layers with the excimer laser. The excimer produces a cool beam of ultraviolet light energy capable of removing precise amount of corneal tissue to change the shape or curvature of the cornea and potentially improve your vision.

LASIK surgery is actually a 2-step process. First a flap of corneal tissue must be created and folded back to treat the underlying tissue. With **"Traditional LASIK"** the doctor creates the flap with a hand-held mechanical instrument that houses a metal blade. With **"IntraLASIK"** the doctor uses the precision of a computer controlled laser (blade-free) to create the corneal flap.

Both PRK and LASIK are performed on an outpatient basis and take only about 10-15 minutes to complete. Actual laser time ranges from several seconds to several minutes. Although patients often feel some pressure sensation, both procedures have little if any discomfort. No needles or injections are required. The eyes are made numb with topical anesthetic drops. An eyelid holder is used to prevent blinking during the procedure. Patients focus on a red blinking light during both procedures. A LASIK suction ring holds the eye in position while the

flap is created. During this process vision is dim or dark and the patient cannot see the flap being created and the fixation target will be blurred or not visible. When the flap is lifted vision becomes somewhat blurry as if looking through ground glass. Patients are then asked to stare at the fixation target and the laser treatment begins. The laser treatment makes a tapping sound and once the treatment is completed the flap is laid back in place and the natural suction within the cornea seals the flap within 1-5 minutes and no sutures are needed. Vision will be blurry immediately after the procedure. Patients are able to blink normally and there is rapid overnight visual improvement.

Patient Initials:

_____

SECTION 3: INDICATIONS, CONTRAINDICATIONS and PRE-OPERATIVE CARE

LASIK is indicated for the treatment of nearsightedness, farsightedness, and astigmatism**.** Candidates must be at least 18 years of age have a stable refractive error or prescription as the procedure will not change the natural growth or aging of the eye**.** Candidates must be aware that this is an elective procedure. There is no medical reason why patients should have LASIK and alternative treatments are available such as contact lenses, glasses, intracorneal rings, PRK (photorefractive keratotomy) and implantable contact lenses etc.

Candidates must be free of certain eye diseases including clinical keratoconus, vision threatening cataracts, and certain retinal and optic nerve diseases.

There are some relative contraindications such as diabetes, glaucoma, strabismus (turned eye) amblyopia (lazy eye), monocular patients, severe dry eyes, keloid scarring, ocular herpes, autoimmune diseases, collagen vascular diseases, medications or conditions which renders patients immunocompromised, ocular muscle imbalance, implants such as a pacemaker, insulin or other electronic implanted device or other disorders that can impact the procedure or the recovery. Patients must make their eye care professional and surgeon aware of any of the above conditions prior to surgery.

Patients should make their surgeon aware of any medication allergies and any medications they are taking to avoid any potential drug interactions and allergic reactions.

The FDA considers pregnancy and nursing contraindications, although their effects on LASIK have not been studied. Female patients agree to disclose to their surgeon if they are pregnant, or could potentially be pregnant.

Pre- and Post-Procedure Care

Refractive Surgery will not treat ocular disease. Patients should have a complete eye examination with retinal evaluation prior to refractive surgery and annually thereafter to identify and treat ocular disease. In general patients with higher

degrees of myopia have a higher risk of retinal problems and reducing the degree of myopia with laser vision correction does not lower that risk. Patients who wear contact lenses must discontinue their use prior to LASIK to allow the cornea to return to its natural contour. Soft contact lenses must be removed at least 14 days prior to LASIK and overnight use of soft contacts requires 14 day removal prior to the procedure date. Patients who wear rigid gas permeable contact lenses must discontinue their use a minimum of one month prior to LASIK. Post-procedure care is recommended for a full year following LASIK in order to monitor healing and annually thereafter. If an enhancement procedure is needed or a complication occurs, a patient may be required to return to Texas Eye and Laser Center or lengthen their stay at their expense. The final clinical results are dependent upon properly following your post-operative care instructions.

Patient Initials:

_____

SECTION 4: PRESBYOPIA AND MONOVISION OPTION

Presbyopia, or the inability to see close-up objects, usually becomes apparent to most individuals in their early forties. LASIK will not prevent this natural aging of the eyes or the need for reading glasses as you age, even if you do not need them now. Some patients, usually over 40, may elect to correct their distance vision in one eye while treating the other eye to be slightly nearsighted. This technique is called monovision and may allow improved distance vision with one eye and may allow the other eye to be effective for reading your watch, reading price tags etc. however, most people still need reading glasses for fine print. It has been our experience that patients with very active life styles such as golf or tennis players are happier if both eyes are corrected for distance and reading glasses used for close work. The disadvantage of monovision is that your distance vision will not be as good and many experience more difficulties driving at night and glasses may be needed to reduce night glare.

Please initial the appropriate statement below:

I would like to have the best distance vision in both eyes _____

I would like monovision _____

SECTION 5: LEGAL RESPONSIBILITIES AND DISCLOSURES

Confidentiality

By initialing below, you give permission for the medical data concerning your surgery and subsequent treatment to be submitted by Texas Eye and Laser Center and its affiliates, the excimer laser manufacturer and the governmental regulatory authorities. The data will be used for statistical analysis, record keeping, marketing and/or quality control. Patient identity will be strictly confidential in any dissemination of data.

Patient Initials:

_____

Governing Law/Jurisdiction

By initialing below, you agree that the relationship and resolution of any and all disputes between yourself and the surgeon shall be governed by and construed in accordance with the laws of Texas in which the LASIK procedure is performed. You also acknowledge with your initials that courts of Texas shall have jurisdiction to entertain any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of treatment. You hereby agree that you will commence any such legal proceedings in Texas and you irrevocably submit to the exclusive jurisdiction of the courts of Texas.

Patient Initials:

_____

SECTION 6: RISKS AND COMPLICATIONS

As discussed earlier, all forms of surgery carry a certain degree of risk for adverse effects and complications. Problems can be related to the surgical component of LASIK or the healing component. Most surgical complications are related to the creation of the corneal flap with a microkeratome, and most healing problems develop within the first month following the procedure. ***IntraLASIK*** **does not utilize a blade or microkeratome, therefore, risks are further minimized.** Most complications improve or resolve within the first 6-12 months or with re-treatment, but some surgical or healing complications may result in permanent visual blurring, glare, discomfort or need for corrective contact lenses. The risk of a severe complication is not only dependent upon the functioning of the microkeratome, blade, and surgical technique but upon a number of other factors including the prescription, orbital structure and corneal curvature. In general, there is a small risk in the range of 1-5% of experiencing a complication and a very small risk, less than 1% of a severe sight-threatening complication.

Please read this section carefully for a better understanding and initial below.

The risks of LASIK revolve around 5 primary areas:

Post-operative side effects, adverse effects and complications
Refractive complications
Corneal flap complications (this risk is further reduced with *IntraLASIK*)
Corneal healing complications
Other miscellaneous complications

Post-operative Side Effects, Adverse Effects and Complications

There are several adverse effects which may be encountered early in the post-operative period, which include foreign body sensation, pain or discomfort, sensitivity to bright lights, blurred vision, dryness of the eyes, tearing and fluctuation in vision. Persistent pain is uncommon following LASIK and may indicate a disturbance of the epithelial protective layer, displacement of the flap or possible infection and should be evaluated promptly by your doctor. Corneal infection following LASIK is rare but very serious and can potentially result in corneal scarring requiring a corneal transplant and in very severe cases, infections can even result in blindness. Corneal inflammation can also be produced from medication or healing reactions, which may be allergic, toxic or immune in nature. Although uncommon, diffuse interface keratitis (also known as Sands of Sahara) is an inflammatory reaction that can produce corneal hazing and blurred vision. Treatment would involve topical steroids or further surgery which may or may not restore vision fully. The most common long-term side effect is dryness of the eyes and it is very common for all patients to experience some dryness after the procedure. As a general rule the dryness lasts from 1-3 months after the procedure but may last longer in some individuals. The most important long-term side effect is night glare, star-bursting, haloes or simply reduced visual quality under low light conditions. It is very common to have night glare early on in the recovery process and night glare is more common when only one eye is treated or when the monovision option is chosen. It is more common in nearsighted patients with severe prescriptions and large pupils. Some patients benefit from night driving glasses and most, but not all patients, improve substantially over 6-12 months. In a small percentage of patients night glare may be permanent and affect your night driving abilities.

2. Refractive Complications

Refractive problems that may be encountered include too much correction, too little correction, a prescription imbalance between the eyes, aggravation of muscle imbalance problems or a loss of effect from regression. LASIK may result in over corrections and under-corrections due to the variability in patient healing patterns and other surgical variables, leaving patients nearsighted, farsighted or with astigmatism. This may or may not require patients to wear

spectacles, contact lenses or undergo further surgery. Further surgery entails additional risk and is not guaranteed to provide an ideal visual outcome, although improvement is typically achieved. Patients may also heal differently between eyes, based on differences between the eyes in pre-operative prescriptions, corneal curvature, variation in healing or other surgical variables. Differences in prescriptions between the eyes is termed anisometropia; this is most severe only when one eye is treated, and may result in a loss of depth perception, eyestrain, headache, double vision and the need for contact lenses. Both farsightedness and anisometropia may result in worsening of the pre-existing muscle balance problems, causing an eye to wander more or produce eye fatigue. Lastly, depending upon the severity of the original prescription, the individual healing pattern of the patient and other surgical variables, regression may occur causing the eyes to return toward their original prescription partially or very rarely, completely. Further enhancement surgery may be performed when medically stable if adequate corneal tissue is available and no other medical complications are present.

3. Corneal Flap Complications

The primary benefits of LASIK are related to the creation of the protective corneal flap. The corneal flap must be of clinically adequate quality, thickness and size to proceed with laser treatment. Corneal flap complications range in severity from those that simply require the procedure to be postponed by 3 to 6 months, to those that create permanent corneal irregularities resulting in blurred vision. The most severe LASIK complication is that of corneal perforation which has been reported several dozen times worldwide. Corneal flap complications that occur after the LASIK procedure during the recovery period include displacement of the flap, wrinkling of the flap and epithelial in-growth. **No corneal perforations have been reported with *IntraLASIK*.**

Corneal flap problems include but are not limited to:

Corneal flaps of inadequate size preventing laser treatment, and requiring the LASIK procedure be repeated in 3-6 months (this risk is further reduced with *IntraLASIK*). Typically no serious visual disturbance although glare and shadowing may occasionally be produced.

Corneal flaps of inadequate thickness, may or may not be adequate for laser treatment, and may result in the procedure being stopped and repeated in 3-6 months. A thin corneal flap may result in a slow visual recovery over weeks to months and possibly permanent blurred vision with or without laser treatment (this risk is further reduced with *IntraLASIK*).

Corneal flaps of inadequate quality or smoothness, include a variety of corneal flap problems which may produce serious permanent corneal irregularities and significant visual blurring. Corneal flap irregularities may be produced

because of inadequate suction pressure, inadequate orbital size, inadequate patient cooperation, malfunction or problems with the microkeratome, blade or suction apparatus (this risk is further reduced with *IntraLASIK*).

Corneal flaps are routinely hinged either nasally or superiorly beneath the upper eyelid. A corneal hinge is not required for a good visual result, but a hinged corneal flap is more secure and typically heals faster and more smoothly. It is possible depending upon the corneal shape, the suction ring alignment and the microkeratome, that a free corneal cap may be produced which is not hinged to the cornea. Although the laser treatment can still be performed, if any irregularities in flap quality or thickness are noted, the corneal disc is immediately replaced and allowed to heal. If the free corneal cap is of excellent quality then the procedure is completed, but special care must be taken during the first 24-48 hours not to displace or lose the corneal cap. Loss of the corneal cap may result in scarring, and permanent corneal irregularity and the need for more invasive surgery (this risk is further reduced with *IntraLASIK*).

Corneal perforation is the most serious LASIK complication. Corneal perforation is prevented by the microkeratome depth plate, which is checked before each and every procedure. Texas Eye and Laser Center only utilizes microkeratomes with fixed corneal depth plates. Perforation of the cornea requires corneal suturing, and the need for an intraocular lens implant as the natural lens is usually lost or damaged. It should be appreciated that corneal perforation may also potentially result in infection, the need for a corneal transplant or even rarely blindness (no corneal perforations have been reported with *IntraLASIK*).

Corneal flap displacement, partial or complete, occurs during the early post-operative period, typically during the first 12-24 hours, but may occur days to weeks later with trauma. Care should be taken to protect the eyes from trauma, as well as, avoiding rubbing the eyes or forcefully closing the eyes during the first week following LASIK. Partial displacement of the corneal flap may result in corneal striae or wrinkles, which blurs vision both qualitatively and quantitatively. Most corneal striae are treatable but some may be resistant to treatment especially in highly nearsighted patients. Complete displacement of the cornea is often painful and requires urgent replacement. There is a higher risk of epithelial in-growth and infection with corneal flap displacement (this risk is further reduced with *IntraLASIK*).

Epithelial in-growth occurs during the first month following LASIK and is more likely to occur in patients with an abnormal or weakly adherent protective layer, for which age is a factor. Epithelial in-growth is produced when epithelial surface cells grow underneath the corneal flap during the healing of the corneal flap incision. Epithelial in-growth is more common with any trauma or breakdown of the epithelium, which is more common in LASIK enhancement procedures and long term contact lens wearers. Treatment of

this condition involves lifting the flap and clearing the cells away. Although most small areas of epithelial in-growth need only be monitored, untreated large areas of epithelial in-growth may distort vision and may actually damage the flap integrity if severe and progressive.

Corneal abrasions occasionally occur during the flap making process and are generally of little consequence; however, if the corneal abrasion is central (in front of the pupil) it will delay visual recovery and could lead to corneal irregularities which may permanently affect the quality, crispness, and sharpness of vision (this risk is further reduced with *IntraLASIK*). Most irregularities secondary to corneal abrasions improve over a 3-6 month period and require no further treatment. Some irregularities may be improved with further treatment; however, some may be permanent.

4. Corneal Healing Complications

The protective corneal flap of LASIK reduces the healing component of LASIK refractive surgery compared to PRK, but significant healing is still required which can affect the quality and vision of the final result. Corneal healing problems with LASIK are more likely to be experienced by patients corrected for higher degrees of nearsightedness, farsightedness and astigmatism, which may potentially slow visual recovery and increase the need for enhancement procedures for over and under-corrections. Corneal healing may not only affect the speed of visual recovery but the smoothness, and may produce visual blurring. Rarely, corneal scarring may be produced with LASIK. The most important aspect of corneal healing following LASIK or any other form of refractive surgery, is the development of corneal irregularities which may permanently affect the quality, crispness and sharpness of the final visual result. Corneal irregularities or irregular astigmatism is produced when the cornea heals in an irregular pattern, which may or may not follow a surgical flap complication. Corneal irregularity may also be produced from abnormalities and complications of the laser treatment, including central islands and decentrations which may produce blurring, shadowing, glare and doubling of vision. Some corneal irregularity is commonly expected for the first several weeks following an uncomplicated LASIK, however if it persists beyond six months it is considered abnormal and may be permanent. Most corneal irregularity improves over 6-12 months and some causes of corneal irregularity may be surgically managed but other causes are permanent. The greatest limitation of the healing problems are that further surgical intervention does not guarantee better healing and may in fact, result in a further reduction of visual quality. Irregular astigmatism from both healing and surgical complications may result in a loss of best corrected vision, which means that a patient may be unable to read the bottom few lines of the eye chart even with spectacle or contact lens correction. Specifically, the best vision a patient measures after surgery even with lens correction may not be as good as the patient enjoyed before refractive surgery. In some cases, patients will actually gain best corrected vision.

In certain cases, the vision may be severely impaired and affect the ability of a patient to drive legally, this is most important in patients who already have reduced visual acuity from other causes. LASIK is not intended to increase the visual potential of a patient and many candidates with high prescriptions often are unable to read 20/20 before surgery and should not be expect to read 20/20 after surgery. Furthermore, a patient who is best corrected before surgery to 20/40 is already borderline for legally driving and any loss of best corrected vision from healing or surgical complications may prevent legal driving.

5. Other Miscellaneous Complications

It is important to note that it is impossible to list every conceivable complication that is not listed above. Risks and complications that are considered unforeseeable, remote or not commonly known are not discussed. In addition, there may be long term effects not yet known or anticipated at the present time. The most severe possible complications would necessitate more invasive or repeated corneal surgery, including corneal transplantation and could potentially produce partial or complete loss of vision.

Patient Initials:

_____

SECTION 7: EXPECTATIONS/ENHANCEMENTS

The goal of LASIK is to achieve the best visual result the safest way. The goal is not to eliminate glasses and contacts completely but to dramatically reduce your dependence on them in an attempt to help improve your quality of life. Night driving glasses and reading glasses may always be needed even when an excellent visual result is achieved. It is also important to recognize that even 90% clarity of vision is still 10% blurry and glasses may be needed for certain activities that require fine or detailed vision.

Enhancement procedures can be performed when stable unless medically unwise or unsafe. Adequate corneal tissue must be available to proceed with an enhancement procedure and a repeat measurement of the residual corneal thickness will be taken. Typically patients considered for an enhancement procedure should have at least 1.00 diopter of residual hyperopia, myopia or astigmatism or unaided vision of 20/40 or worse. Enhancement procedures are performed after 3 months, once adequate corneal healing and stability is achieved. Enhancement procedures are typically performed by lifting the original flap during the first few months before full healing occurs, or by creating a new corneal flap. There are always risks which must be balanced against the benefits of performing further surgery.

Complications are an inherent part of surgery and despite our best efforts, training and skill, we recognize that some patients will experience problems. It is simply our hope to educate you as to what those problems may be so that you can make an informed decision whether or not to proceed. No one ever believes that they will be in the small percentage of people that develops a significant complication, so it is important for all candidates to appreciate that there are truly no guarantees.

SECTION 8: TREATMENT OF ONE OR BOTH EYES

There are both advantages and disadvantages of having LASIK on both eyes on the same day. The benefits of surgery on both eyes during the same session begin with the simple fact that patients often prefer this option as it is more convenient, with respect to either work or home life. Patients may also feel that their vision feels more balanced, with improved depth perception and night glare may dissipate more rapidly. Some patients find they have less anxiety, while others prefer the safety of treating only one eye at a time to allow visual recovery of the first eye prior to proceeding with the second eye.

The primary risks of treating both eyes on the same day are related to unrecognized surgical complications or more commonly, unexpected healing complications, which can produce either temporary or permanent visual blurring. Adequate visual recovery from laser vision correction for activities such as driving, as well as returning to work, may take 1 day or 1 month, or even longer in patients who respond abnormally, whether one or both eyes are treated. If both eyes are treated, then visual recovery may be prolonged and there is no way to predict who will take longer to heal. There is also no opportunity to learn from the healing pattern of the first eye. If there is an under-correction or over-correction in one eye, this is likely to occur in both eyes and both eyes will require re-treatment. Other healing complications may also affect both eyes, most importantly the risk of infection may result in severe scarring, corneal transplantation and even complete loss of vision in both eyes.

Please **FILL IN** the blank below to indicate the treatment you choose to have today.

I would like to have my _____ treated.
[right eye/left eye/both eyes]

SECTION 9: WRITTEN CONFIRMATION

<u>Please write in your own handwriting the following four statements</u> to confirm that you have understood and accept that LASIK is an elective surgical procedure and as with all surgical procedures, the result cannot be guaranteed. That you acknowledge that although vision-threatening complications are quite rare, it is possible that partial or complete loss of vision may be produced as a result of a surgical or healing complication. That the procedure may not eliminate all of your myopia, hyperopia or astigmatism and that additional correction with glasses, contact lenses or further surgery may be required.

I understand that **"there are risks and no guarantees"**

I understand that **"I may still need to wear glasses"**

I have been informed of the differences between **Traditional** and ***"IntraLASIK"*** and have chosen:

I have viewed the informed consent video and have been given the opportunity to ask questions and **"all my questions have been satisfactorily answered"**

SECTION 10: VOLUNTARY CONSENT

Please sign below that you have carefully reviewed this informed consent document and that you have had an opportunity to have any questions you may have had answered. By signing below you also indicate that you are aware that LASIK is an elective procedure, that you do not need to have this procedure and you understand your other surgical and non-surgical alternatives for vision correction.

Patient Full Name (print):

_____

Patient Signature:

_____

Witness Full Name (print):

_____

Witness Signature:

_____

Surgeon Name (print):

_____

Surgeon Signature:

_____

Co-managing Doctor:

_____

Date of Procedure:

_____

Patient Pre-Operative Instructions

1. Start your antibiotic eye drops **2 days prior** to surgery. Use drops 4 times per day in each operative eye until gone.
2. Continue to take any of your regular medications as usual.
3. **Extended wear or soft contact lens** users need to remove contacts **10-14 days prior** to pre-operative measurements.
4. **Hard or gas permeable lens** users need to remove contacts **3-4 weeks prior** to pre-operative measurements.
5. You must remain out of contacts the week of surgery.
6. **No eye makeup or earrings** the day of surgery. **No perfume or cologne**, please.
7. You may eat a light meal the day of the surgery.
8. Wear **comfortable, loose clothing** and low-heeled shoes.
9. Be sure to have all of your prescriptions filled **BEFORE** the surgery.
10. Anticipate being at the Laser Center about **2-2 ½ hours**.
11. You will need someone to drive you home after the surgery.
12. You will need to schedule a 1 Day Post-op appointment with the **Cleburne Eye Clinic** the day after your surgery.
13. Call the **Cleburne Eye Clinic** if you have any questions or concerns.

    There is a 24 hour answering service at 817-645-2411.
14. All financial arrangements must be completed **BEFORE** your surgery.

Surgery Date: _____

You will receive a phone call **2 days prior to your surgery** with your exact arrival time.

Texas Eye and Laser Center
1872 Norwood Drive
Hurst, TX 76054

Patient Post-Operative Instructions

1. There should mild to minimal pain for the first 24 hours. Report any significant pain or excessive irritation to the office.

2. Go home and take a 3-5 hour nap. Wear your googles.

3. Use your antibiotic eye drops in each operated eye 4 times per day for **one** week after surgery.

4. Specific instructions for your steroid eye drops will be given to you on the day of your pre-operative appointment.

5. Wear the provided eye goggles when you take a nap or at bedtime for one week after surgery.

6. **DO NOT RUB** or press against your eye(s) for the first month after surgery.

7. **No swimming**, **hot tubs**, **ocean or lake water** for 1 month after surgery.

8. **No eye makeup** for 10 days after surgery.

9. Activities allowed:
    a. You may shower or take a tub bath but avoid getting anything in operated eye.
    b. Rest and sleep are helpful for the first 12-24 hours after LASIK.
    c. Driving is OK after 24 hours, but you may still have some blurring of vision.
    d. You may jog or workout after 2 days. No heavy weightlifting for one week after surgery. Must wear sunglasses when outside.
    e. You may scuba dive after two months.
    f. Must wear safety glasses for contact sports and/or work if indicated.

10. Recovery is usually rapid with LASIK.

11. You may take over the counter Tylenol or Advil for a headache as needed.

12. Use *preservative-free* artificial teardrops in each operated eye every hour while awake for 3 days following surgery. Continue using preservative-free drops 6-10 times per day for 7 days. After seven days, you may use eye drops *with* preservatives 4-6 times per day for a full 2 months. (Systane PF, Refresh, Genteal, etc. are over the counter.)

13. **DO NOT** use wetting drops, saline, or Visine to wet your eye.

Print your name:_____Date:_____

QUESTIONS ON PREPARING FOR LASIK SURGERY VIDEO

The following questions cover important information contained in the video presentation. Please circle the answer you feel most correct. If you need more time to answer a question than the video presentation provides, skip that question and return to it when the program is over. Once you have completed the questions, compare your answers to those found at the bottom of the page.

1. TRUE or FALSE: LASIK will permanently change the shape of your cornea.
2. TRUE or FALSE: There are no guarantees as to exactly how well you will see after the procedure.
3. TRUE or FALSE: You may experience side effects such as haze, glare, halos, light sensitivity, and dryness of the eyes that may not go away completely.
4. TRUE or FALSE: All eyes are capable of seeing 20/20 or better.
5. TRUE or FALSE: After the surgery, follow-up visits are not important.
6. TRUE or FALSE: There is the possibility that another operation may be necessary after the initial procedure to obtain the best level of vision correction.
7. TRUE or FALSE: It is possible that you might still need to wear glasses or contacts, or that LASIK could cause loss of vision.
8. TRUE or FALSE: You may experience mild to moderate discomfort for several days after the procedure.
9. TRUE or FALSE: LASIK will eliminate your need for reading glasses when you are over 40 years of age, or presbyopic.
10. TRUE or FALSE: The program that I watched covered all risks, side effects, and complications that could possibly occur either now or in the future with LASIK.

Use this space to write any questions or concerns you wish to ask your doctor or a staff member:

ANSEWERS:

1. TRUE: LASIK will permanently change the shape of your cornea.
2. TRUE: There are no guarantees as to exactly how well you will see after the procedure.
3. TRUE: You may experience side effects such as haze, glare, halos, light sensitivity, and dryness of the eyes that may not go away completely.
4. FALSE: Not all eyes are capable of seeing 20/20 or better.
5. FALSE: After the surgery, follow-up visits are very important.
6. TRUE: There is the possibility that another operation may necessary after the initial procedure to obtain the best level of vision correction.
7. TRUE: It is possible that you might still need to wear glasses or contacts, or that LASIK could cause loss of vision.
8. TRUE: You may experience mild to moderate discomfort for several days after the procedure.
9. FALSE: LASIK will not eliminate your need for reading glasses when you are over 40 years of age, or presbyopic, unless you have the monovision or blended procedure.
10. FALSE: The program that I watched did not cover all risks, side effects, and complications that could possibly occur either no or in the future with LASIK.

Signature of patient:_____Date:_____

CLEBURNE EYE CLINIC

TEXAS EYE AND LASER CENTER
DR. BRIAN D. RANELLE DR. JERRY G. HU

PATIENT CONSENT
TO REFRACTIVE SURGERY CO-MANAGEMENT

___ **I have been instructed as to the joint pre-operative and post-operative care by both Texas Eye and Laser Center and the Cleburne Eye Clinic and consent to this joint refractive surgery co-management.**

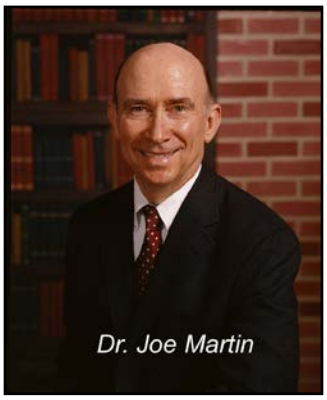
___ **I do not consent to joint co-management for my pre-operative and post-operative care, and elect for Texas Eye and Laser Center to perform all of my care.**

I understand that at any time during the one-year post-operative period should complications arise and if I desire to return to Texas Eye and Laser Center, I may do so at no additional charge.

Patient Full Name (print):_____

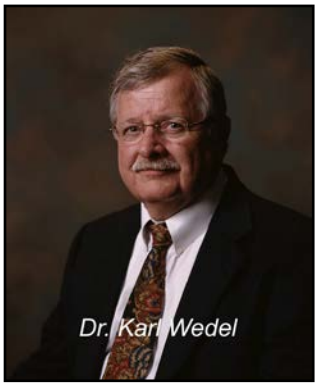
Patient Signature: _____

MEET THE DOCTORS



Dr. Martin was raised on a cotton farm west of Roby, Texas. He did his undergraduate studies at Hardin Simmons University in Abilene. He then entered the College of Optometry at the University of Houston, where he received his Doctor of Optometry Degree. He is certified to practice therapeutic optometry and as an optometric glaucoma specialist. Dr. Martin served 2 years as a captain in the U.S. Army at Martin Army Hospital in Ft. Benning, Georgia. Following his military service, he entered private practice with Dr. Jack Burton in Cleburne.

Dr Martin has been very involved in community, civic, and church activities. He has served as a church pianist since age 14 and frequently plays for weddings, banquets, and conferences. His wife, Kathy, teaches kindergarten in the Cleburne public school system. They have 2 children, 4 grandchildren, and 2 Chinese pug dogs.



Dr. Karl Wedel received his Doctorate of Optometry from the University of Houston in 1970. After practicing in Houston he and his family moved to Cleburne in 1977. He has completed work in the treatment and management of ocular disease at the University of Houston. He has received his ocular therapeutics certificate and his optometric glaucoma specialist certificate. He has co-managed LASIK surgery since 1990.

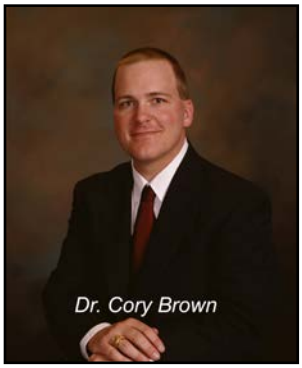
Dr. Wedel was a member of the Grandview ISD board for 13 years. He served as president of the Cleburne Lions Club, and currently holds several positions at his church. He and his wife Linda are native Texans and enjoy travel and spoiling their grandchildren as much as possible.

Dr. Heath Lawson Bullard is a native of Cleburne Texas. After graduating from Cleburne High School, he pursued a degree in microbiology at Texas A&M University. He earned a Doctorate of Optometry from the University of Houston, graduating number one in his class. Dr Bullard is therapeutically licensed in the diagnosis and treatment of eye disease and certified to treat glaucoma.

Dr. Bullard is a member of the Texas Optometric Association, the American Optometric Association, and Beta Sigma Kappa optometric honor society. He is an active member in the Midlothian Lions Club. He is married to Dr. Stacey Webb-Bullard who practices optometry in Hurst. Outside of his practice, Dr. Bullard can usually be found entertaining his wonderful daughter Jewell. When not wrapped around her finger, he loves the outdoors. Be it hunting, or fishing, or just working on the tractor he enjoys being active.

Dr. Traci Kuykendall graduated from Stephen F. Austin State University in Nacogdoches, Texas with a Bachelor of Science degree in Biology. She then graduated from the University of Houston College of Optometry. While at the University of Houston, Dr. Kuykendall gained experience through externships in various areas of Houston, as well as at Northwest Eye Associates in Seattle, Washington. Dr. Kuykendall gained additional professional experience at a private practice in Houston, where her training centered on vision therapy and ocular muscle training for children with special visual needs.

Dr. Kuykendall is a member of the American Optometric Association and the Texas Optometric Association. Traci and her husband Mike have two daughters and have made Cleburne their home since 1998.



Dr. Cory Brown graduated in 1993 from Cleburne High School. He continued with his education at Texas A&M University where he graduated in 1997 with a degree in Biology and Chemistry. Dr. Brown earned his Doctor of Optometry Degree from the University of Houston in 2001. He is licensed as a therapeutic optometrist and glaucoma specialist.

After practicing for 3 years in Fort Worth, Dr. Brown returned to Cleburne where he currently resides with his wife, Amy, and his son, Parker. Dr. Brown enjoys golfing, snow skiing, and computer games.

ABOUT THE SURGEON

BRIAN D. RANELLE, D.O.

Dr. Brian D. Ranelle, a native of Fort Worth, began his ophthalmology practice in 1977 after completing his fellowship in ophthalmology with Houston Eye Associates. He is certified by the American Board of Ophthalmology, the Osteopathic Board of Ophthalmology, and the American College of Eye Surgeons. He is the Clinical Associate Professor at the University of North Texas Health Science Center Surgery Department and is on the Board of Examiners for the American Osteopathic College of Ophthalmology.

Memberships include: The American Medical Association, American Academy of Ophthalmology, American Osteopathic Association, Texas Medical Association, Tarrant County Medical Society, Tarrant County Ophthalmology Association, American Society for Prevention of Blindness, and the International Society of Refractive Surgeons and the American Society of Cataract and Refractive Surgery.

Dr. Brian Ranelle has almost 27 years of refractive surgery including LASIK, PRK, EpiLasik, CK, RK,ALK as well as Crystalens/ReSTOR implants. Dr. Ranelle has performed thousands of refractive procedures and offers the latest in technology for his patients with the Visx S4 Eye Tracking Laser. We are pleased to offer Custom LASIK with the Waveprint System to personalize your laser correction. These procedures are performed in a state-of-the-art, environmentally controlled, laser suite. LASIK is the most advanced technique available to correct the visual disorders of nearsightedness, farsightedness and astigmatism. Furthermore, we are committed to providing exceptional patient care in a friendly and welcoming environment, and most importantly, a visual outcome second to none. Dr. Ranelle was chosen in May 2000 as one of the top 100 LASIK surgeons in the nation by VISX. He also has extensive experience in the treatment of glaucoma, diabetic retinopathy, retinal disease, and no-stitch cataract surgery.
Texas Eye and Laser Center also offers Conductive Keratoplasty, better known as CK, for patients who are 45 years old or older, to reduce the need for reading glasses.

Dr. Brian Ranelle is married and has two children. He enjoys jogging, mountain climbing and snow skiing with his family.

ABOUT THE SURGEON

JERRY G. HU, M.D.

Dr. Jerry Hu joined the Texas Eye and Laser Center after completing a fellowship in Cornea and Refractive Surgery with the world-renowned Jules Stein Eye Institute at University of California, Los Angeles. Dr. Hu graduated with honors from Davidson College, North Carolina and attended Duke University School of Medicine. Following his internship in California, he returned to Duke and completed his residency in ophthalmology. He is certified by the American Board of Ophthalmology

Throughout his career, Dr. Hu has been active in the forefront of ophthalmic research in the areas of LASIK, cataract surgery, and cornea transplants. Dr. Hu is one of the select surgeons in the Metroplex area who are specialty-trained in modern refractive surgery, including LASIK, LASEK, PRK, CK, EpiLasik, Wavefront Custom treatment, as well as Crystalens/ReSTOR implants. Dr. Hu also brings the most up-to-date technologies in No-Stitch Cataract-Implant Surgery, cornea transplants, Botox, and eyelid surgery. In addition, with a strong interest in general ophthalmology, Dr. Hu has extensive experience in the treatment of Glaucoma, Diabetic Retinopathy and other ocular diseases.

Dr. Hu is licensed to practice medicine in three different states. His selected memberships include: The American Medical Association, American Society of Cataract and Refractive Surgery, The Association for Research in Vision and Ophthalmology, and Texas Medical Association. Dr. Hu also holds multiple memberships in other national and state professional organizations.

Dr. Jerry Hu and his wife, also a physician, have been married for over ten years and have two young boys in the Tarrant county public schools. He enjoys swimming, traveling, photography and is a dedicated sports fan.