VISION & LIFESTYLE

Would you like to reduce your need for glasses or contacts?

Several surgical procedures and high-tech lens implant options are available to reduce dependence on glasses and contacts. You may be a candidate. However, we don't want to take up your valuable time discussing them unless you are interested.

Check a box along each of the lines below to help us understand your desires.

1 Interest in reducing dependence on glasses or contacts:	Not interested	Somewhat interested	Very interested
2 Willingness to pay extra for a solution to reduce your dependence on glasses or contacts:	□ ⟨Not willing	Somewhat willing	Ŭ Very willing
3 Your personality type:	☐ <	In the middle	☐————————————————————————————————————
What is your occupation? _			
Patient's Name			
Referring Doctor		Date	

Mail or fax to PCLI. Electronic forms are available at www.odpcli.com.