

# MATERIALS CATALOG

These materials are available free of charge for use in your practice.

## Patient Publications

### PRESENTATION FOLDERS

- \_\_\_\_ pkg(s) of 10 **Cataract Surgery** - 20 page folder containing:
- Cataracts and Their Treatment booklet
  - Patient experience/education DVD
  - Extended Range of Focus IOL brochure
  - Insurance and Financial Responsibility
  - CareCredit easy monthly payment brochure
  - Office Locations sheet

- \_\_\_\_ pkg(s) of 10 **LASIK Vision Correction** - 20 page folder containing:
- LASIK—Change Your Life Forever booklet
  - LASIK Flap Options brochure
  - LASIK Success Rates sheet
  - CareCredit easy monthly payment brochure
  - Office Locations sheet

### BOOKLETS

- \_\_\_\_ pkg(s) of 10 **Cataracts and Their Treatment** - Educates and answers common questions
- \_\_\_\_ pkg(s) of 10 **LASIK—Change Your Life Forever** - Educates and answers common questions
- \_\_\_\_ pkg(s) of 10 **Freedom from Reading Glasses with KAMRA Inlay** - Educates and answers common questions
- \_\_\_\_ pkg(s) of 1 **Wire Display Rack** - Table-top holder for our cataract and LASIK booklets

### BROCHURES

- |                          |                          |                          |                              |                          |                          |                          |                             |
|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| 10                       | 30                       | 50                       |                              | 10                       | 30                       | 50                       |                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Corneal Cross-linking        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LASIK Success Rates         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extended Range of Focus IOLs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Multifocal IOLs             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Implantable Contact Lens     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Photorefractive Keratectomy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | iStent Glaucoma Treatment    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refractive Lens Exchange    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LASIK Flap Options           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Secondary Cataracts         |

### MEDICAL PAMPHLETS

These are produced by a medical supplier, but we will soon publish a series of our own.

- |                          |                          |                          |                                       |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 25                       | 50                       | 100                      |                                       | 25                       | 50                       | 100                      |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blepharitis                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Glaucoma - <i>Spanish</i>                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blepharoplasty                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Iritis                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cataract Surgery - <i>Spanish</i>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Macular Degeneration                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diabetic Retinopathy                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Macular Degeneration - <i>Spanish</i>        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diabetic Retinopathy - <i>Spanish</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pterygium, Pinguecula, Chalazion & Sties     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dry Eyes                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pterygium, Pinguecula, etc. - <i>Spanish</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eye Injury                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retinal Tears and Detachment                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floaters and Flashes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | YAG Laser                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Glaucoma                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | YAG Laser - <i>Spanish</i>                   |

**Forms** ELECTRONIC COPIES ARE AVAILABLE AT ODPCLI.COM

**REFERRAL FORMS**

- \_\_\_ pkg(s) of 20 **Consultation Request** - For cataracts, medical conditions and other surgical procedures
- \_\_\_ pkg(s) of 10 **Refractive Surgery Referral** - For LASIK, PRK, implantable contact lens and refractive lens exchange
- \_\_\_ pkg(s) of 10 **Laser Vision Correction Enhancement** - After 2+ years
- \_\_\_ pkg(s) of 5 **Corneal Cross-linking Referral** - Available wherever we provide LASIK
- \_\_\_ pkg(s) of 5 **KAMRA Corneal Inlay Referral** - Available in our Bellevue, WA office
- \_\_\_ pkg(s) of 5 **Diagnostic Services Request** - Specify PCLI office(s) \_\_\_\_\_
- \_\_\_ pkg(s) of 5 **Glaucoma SLT Surgery Referral** - Available in these offices. Check the desired location:  
 Albuquerque  Bellingham  Chehalis  Kennewick  Tacoma

**POST-OP FEEDBACK**

- \_\_\_ pkg(s) of 20 **Cataract Surgery** - 1 Day Exam
- \_\_\_ pkg(s) of 5 **Cataract Surgery** - 1 Week Exam (only needed for 1st eye)
- \_\_\_ pkg(s) of 20 **Cataract Surgery** - 4 to 6 Week Exam
- \_\_\_ pkg(s) of 20 **Laser Vision Correction** - 1 Day Exam
- \_\_\_ pkg(s) of 20 **Laser Vision Correction** - 1 Week to 6 Month Exams
- \_\_\_ pkg(s) of 5 **KAMRA Corneal Inlay** - 1 Week to 12 Month Exams

**FEE SCHEDULE**

- \_\_\_ pkg(s) of 1 **Cataract and Refractive Surgery Fee Schedule**

**BILLING INSTRUCTIONS**

- \_\_\_ pkg(s) of 5 **How to Bill for Cataract Post-op Care**  Standard  New Mexico Novitas Medicare
- \_\_\_ pkg(s) of 5 **How to Bill for YAG Capsulotomy Post-op Care**  Standard  New Mexico Novitas Medicare
- \_\_\_ pkg(s) of 5 **How to Bill for Diagnostic Services**
- \_\_\_ pkg(s) of 5 **Billing Span Calculator** - To help determine the 90-day post-op global billing period

**REFERRAL CHECKLISTS**

- \_\_\_ pkg(s) of 1 **Laser Vision Correction Referral Checklist** - Optional reference
- \_\_\_ pkg(s) of 1 **Presbyopia-correcting IOL Referral Checklist** - Optional reference

**Comanagement Resources**

**CORNEAL CROSS-LINKING**

- \_\_\_ pkg(s) of 1 **Comanagement Guidelines** - A 2-page overview to assist as you provide pre and post-op care

**GLAUCOMA**

- \_\_\_ pkg(s) of 1 **iStent Chairside Education Tool** - Laminated 12 x 17 inch graphic shows patients how the device works

**KAMRA CORNEAL INLAY (AVAILABLE IN OUR BELLEVUE, WA OFFICE)**

- \_\_\_ pkg(s) of 1 **Comanagement Guidelines** - A 4-page overview to assist as you provide pre and post-op care
- \_\_\_ pkg(s) of 1 **OD Clinical Pearls** - An in-depth 34-page reference guide for pre and post-op care
- \_\_\_ pkg(s) of 1 **Recovery Guide for Patients** - We give patients these 8-pages of instructions to assist in their recovery
- \_\_\_ pkg(s) of 1 **How to Simulate KAMRA Vision for Patients** - A video demo is also available at [odpcli.com](http://odpcli.com)

**PRESBYOPIA-CORRECTING LENS IMPLANTS**

- \_\_\_ pkg(s) of 1 **Counseling Notes** - Items to discuss with patients
  - \_\_\_ pkg(s) of 5 **Vision and Lifestyle Questions** - To help screen good candidates
-

## *Cards, Maps and Patient Transportation*

- \_\_\_\_ pkg(s) of 50    **Appointment Cards** – Specify PCLI office(s) \_\_\_\_\_
- \_\_\_\_ pkg(s) of 25    **Business Cards** – Specify PCLI office(s) \_\_\_\_\_
- \_\_\_\_ pkg(s) of 1    **Tri-fold Info Card** – Address, phone and fax info for each PCLI office and our ODs' email addresses (not for patients)
- \_\_\_\_ pkg(s) of 25    **Maps and Driving Instructions** – Specify PCLI office(s) \_\_\_\_\_
- \_\_\_\_ pkg(s) of 25    **Transportation Service Cards** – Specify PCLI office(s) \_\_\_\_\_
- \_\_\_\_ pkg(s) of 1    **Transportation Service Areas** – Communities where we provide free shuttle service for surgery patients

## *LASIK Displays*

Use these attractive 11 x 14 inch acrylic frames with 2 interchangeable posters to let patients know you are available to help them with laser vision correction. Cards on the display provide guidelines for making good decisions that will save you valuable chair time.

- \_\_\_\_ pkg(s) of 1    **Countertop Display**
- \_\_\_\_ pkg(s) of 1    **Wall-mounted Display**
- \_\_\_\_ pkg(s) of 50    **Replacement Cards** – Step-by-step guidelines are printed on the back of each card

## *Patient Education DVD and CD*

- \_\_\_\_ pkg(s) of 1    **Cataract Surgery: The Spirit of Caring DVD** – Calms apprehension of surgery as it walks viewers through our low-stress experience. Also viewable at [odpcli.com](http://odpcli.com) (7 minutes)
- \_\_\_\_ pkg(s) of 1    **PowerPoint Seminars on CD** – Easily present public or patient education with these 2 programs:
- Save Your Aging Eyes – Cataracts, glaucoma, macular degeneration, diabetic retinopathy and dry eye
  - LASIK Vision – Explains how treatment works and your important role in the process

## *Direct Mail Postcards*

**Sight for Life—Protect Your Vision** – Promote your care with our 8.5 X 5.5 postcards. If you have patients who have not had regular eye care, use these postcards to remind them that eye exams save vision and are a great investment in their future. Encourage patients to call your office to schedule a comprehensive eye health and vision exam. We will print your office information on the cards but you will need to address and mail them. Two options are available free of charge.

CHECK  I'm interested. Please send samples and an order form. Also viewable at [odpcli.com](http://odpcli.com)

## *LASIK Services From Pacific Eyecare Network (PEN)*

PEN serves as a third-party financial administrator for refractive surgery fees. Becoming a Refractive Surgery Provider offers 2 risk-free benefits:

- **Global Billing** – Patients can make one payment the day of surgery for all their care. You will be reimbursed for the fees you charge for pre and post-op services.
- **Patient Financing** – Offer your refractive surgery patients 0% financing and flexible monthly payments. Your fees can be included and funding is secure—even if patients default on payment.

CHECK  I'm interested. Please send an enrollment package.

## *CareCredit Financing – With a 20% Discount!*

We offer surgery patients financing through CareCredit. If you would like to provide a similar option for your services with the same 20% discount we get on their service fee, call CareCredit at 866-853-8432. When you enroll, give the code “OD PCLI”. We do not benefit in any way from your participation.

\_\_\_\_\_ pkg(s) of 25    **CareCredit Patient Brochure** – Offer patients a convenient payment plan spread over 18-60 months

## *Newsletter Subscription*

**Pacific Visions** – Our twice yearly patient newsletter that is mailed to 80,000+ homes.

CHECK

I would like to receive 25 copies of each new issue to share with my patients.

## *Practice and Shipping Information*

\_\_\_\_\_  
Doctor's name

\_\_\_\_\_  
Practice name

\_\_\_\_\_  
Shipping address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

## *Options to Request Our Free Materials*

**FAX** 360.748.4797

**MAIL** PCLI Professional Relations  
2517 NE Kresky Avenue  
Chehalis, WA 98532

**PHONE** Heidi Prunty at 800.888.9903

**EMAIL** heidi.prunty@pcli.com

**ONLINE** Visit [odpcli.com](http://odpcli.com) to view and order items in this catalog.