# Presbyopia-correcting Lens Implant REFERRAL CHECKLIST

When presbyopia-correcting lens implants are desired, the following checklist may be helpful as you evaluate and refer patients to Pacific Cataract and Laser Institute for cataract surgery or refractive lens exchange.

## Patient’s Name

### PATIENT ELIGIBILITY
- [ ] Patient desires to be free of glasses much of the time
- [ ] No macular degeneration is present
- [ ] Has less than 3 D of corneal cylinder (we have an excellent toric option)
- [ ] Pupils are 2mm or greater
- [ ] No contraindications for laser vision correction are present

### PATIENT EDUCATION
- [ ] Has read our presbyopia-correcting lens implant brochure
- [ ] Visual expectations are realistic
- [ ] Is prepared for slight visual compromises
- [ ] Is aware of the fees for non-covered items and services and has signed an ABN form for your portion of the care (forms available from PCLI)

### PRE-OPERATIVE
- [ ] Pre-operative evaluation has been performed with special attention to the refractive surgery nature of presbyopia-correcting lens implants
- [ ] Patient understands the importance of post-operative care
- [ ] Referral has been sent (forms available from PCLI)

### SURGERY
After receiving your referral, our counselors will call your patient to:
- Answer questions and review expectations
- Discuss fees and offer payment options
- Schedule convenient appointments
- Ensure that they understand the importance of after surgery care
- Review before and after surgery instructions

### QUESTIONS
If you have any questions about patient education, pre-operative assessment, the referral process, surgery or follow-up care, please contact us.

Electronic forms are available at www.odpcli.com