

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