

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** **Very willing**

3 | Your personality type: <.....> > > >

Perfectionist **In the middle** **Easy going**

What is your occupation? _____

What are your hobbies? _____

Patient's Name _____

Referring Doctor _____ Date _____