

## MEDICAL NECESSITY FOR CATARACT SURGERY

Date	Date of Birth
Patient Name	
Reason for exam today (patient words)	
What specific improvements in your daily life do you hope to gain with surgery?	
With Advanced Technology Implants, Vista Eye Specialists is able to offer you more visual freedom from your distance and reading glasses after cataract surgery. Please print and fill out the additional forms in the Pre Cataract Questionnaire section on our website to determine if you are a candidate for this amazing technology.	

<b>Visual Functional Status</b> <i>(circle responses)</i>	YES	NO
1) Do you have difficulty seeing street signs or to drive? (curbs, freeway exits, traffic lights, halos/glare around lights).	YES	NO
2) Do you have difficulty seeing TV or movies? (faces, numbers, or printing).	YES	NO
3) Do you have difficulty reading small print with good light, blinking and proper glasses? (books, newspaper, telephone book, medicine labels, instructions).	YES	NO
4) Do you have difficulty performing handiwork? (sewing, knitting, crocheting, embroidery or other fine task)	YES	NO
5) Do you have difficulty with personal correspondences? (writing checks, reading bills, filling out forms)	YES	NO
6) Do you have difficulty with leisure activities? (playing card games, bingo, dominoes, or sport activities such as bowling, hunting, golf, tennis, other _____)	YES	NO
7) Do you have visual difficulty with navigation around the house? (cooking, ironing, general household upkeep, climbing steps or curbs, dialing the telephone, telling time on watch, using public transportation)	YES	NO
8) Are you able to see and recognize faces of people? (in church, grocery store, clubs, and other daily activities?)	YES	NO
9) Are you able to care for yourself with your present vision? Do you live alone and wish to remain independent?	YES	NO

Do you have any of the following <b><u>VISUAL SYMPTOMS?</u></b>	YES	NO
1) Double or distorted vision?	YES	NO
2) Glare, halos, rings around lights?	YES	NO
3) Difficulty with color perception?	YES	NO
4) Difficulty with depth perception?	YES	NO
5) Worsening of vision – blurred vision?	YES	NO

Name \_\_\_\_\_

Date \_\_\_\_\_

## Quality of Vision Assessment

At Vista Eye Specialists, we strive to provide the best quality of care and customized vision solutions for our patients. This form will assist us in helping you to choose the treatment best suited for your visual needs and lifestyle. Please fill this form out completely and return it to the receptionist. If you have any questions please let us know, and we will be happy to assist you.

What are your favorite hobbies?

\_\_\_\_\_

If you work, what are some of your daily work-related tasks?

\_\_\_\_\_

Do you currently wear glasses?  Yes  No

If you currently wear glasses, for which activities do need them?

Near  Distance  Both

How interested are you in seeing distance without glasses?

I prefer no glasses

It is not important. I will wear glasses for distance.

How important is it for you to see up close ( Reading, computer, etc..) without glasses?

I prefer no glasses

It is not important. I will wear glasses for reading and intermediate vision.

What if you could have glasses-free vision for distance ( i.e. driving) during the day and glasses-free near vision in most situations? Would you tolerate some halos and glare around lights at night, and be willing to use glasses in some situations?

Yes  No

I drive a fair amount at night ?  Yes  No

Are you willing to pay an out-of-pocket charge (not covered by your insurance) if it means less dependence on glasses? (approximate price range \$600 to \$3900 per eye depending on what you chose; *Interest free financing* available)  Yes  No

How would you describe your personality?

Easy going  Perfectionist  In between

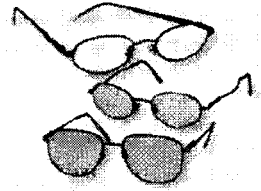
It is important that you understand and remember that many people still need to wear glasses for some activities after surgery.

Patient Signature \_\_\_\_\_



## Basic Monofocal Lens

With single-vision lens implants, there is a very high likelihood that you will need glasses for near-vision activities after surgery, even if you do not wear near-vision glasses before surgery. These activities include reading, applying makeup, shaving, sewing, reading your watch, dialing a cell phone, and baiting fishhooks. Medicare and most private insurance carriers will pay 80% of your cataract surgery and the monofocal lens. This is considered basic coverage.



## Presbyopia Correcting Lens (Multifocal Lens)

Advanced technology implants are designed to provide a full range of vision—near and far. Medicare and private insurance provide basic coverage and allow you to pay for the upgrade, if you choose to do so. Based on FDA clinical data, 80% of patients never need glasses again for any activities. Those who do need glasses need them only for very specific tasks. The goal is to significantly decrease your dependence on glasses. There is an additional cost for this technology. If it is determined that you are a candidate for the presbyopia correcting lens, we can discuss payment plans that make this option affordable for our patients.

## Astigmatism Correcting Lens (Toric Lens)

The Astigmatic correcting lens is specifically designed to treat those who have astigmatism. In years past, cataract surgery removed the cataract, but a patient with astigmatism still required glasses for near and distance vision. The design of the Toric lens makes it possible to reduce or eliminate astigmatism. There is an additional cost for this upgrade. Again, we strive to make the Toric lens affordable for our patients by offering payment plans.

- Yes, I would like to hear more about freedom from glasses after cataract surgery.
- No, I want just my basic coverage.

Name \_\_\_\_\_ Date \_\_\_\_\_

