



625 S. Enota Drive N.E. Gainesville, GA 30501 | 770-532-0292

CATARACT SURGERY OPTIONS

Intraocular Lens Options (IOL)

YOUR GOALS & WHAT YOUR FUTURE COULD LOOK LIKE.

Multifocal Lens

with **LenSx Laser Guided Surgery**

- Symfony or ReSTOR
- Minor Astigmatism Correction if Needed
- LASIK or LRI at no cost if needed

Most lens (IOLs) can only correct distance- these advanced technology lenses correct vision NEAR, FAR, & MID-RANGE for the **BEST chance at freedom from glasses.**
 *Perfect choice if you lead an active lifestyle, spending your time driving, attending movies, golfing, gardening, etc.

Toric -Astigmatism Corrective Lens

with **LenSx Laser Guided Surgery**

- Toric Intraocular Lens for Astigmatism
- LASIK or LRI at no cost if needed

These advanced technology lenses are designed to correct astigmatism at the time of surgery for clear distance; without the need for glasses. **However, you will still need glasses for reading.**

HD Lens

with **LenSx Laser Guided Surgery**

- HD Monofocal Intraocular Lens
- Can be used for monovision
- Minor Astigmatism Correction if needed
- LASIK or LRI at no cost if needed

These High-Definition lenses deliver 3 options: distance vision leaving you glasses free, **except for reading**; Near vision correction and **glasses for distance**; or Monovision.

Traditional Lens

with **LenSx Laser Guided Surgery**

- Standard Monofocal Intraocular Lens

These Lenses provide distance vision. **However, you will most likely still need glasses for reading- and possibly for distance.**

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The out-of-pocket fees for the elective options listed DO NOT include any deductible, coinsurance or co-payment amounts which may apply towards your cataract procedure.

**For more CareCredit information to see if you qualify for financing, apply online at www.carecredit.com or call 1-800-365-8295

LEARNING YOUR VISION PERSPECTIVE

SURVEY FOR CATARACT PATIENTS

You have an important decision to make about your vision future. This survey is designed to help us understand your vision goals so we can provide you with the best possible lens for your lifestyle.

1 Throughout the day, you perform activities that require your eyes to focus at different distances. Circle or write in the activities that are most important for your lifestyle:

DISTANCE



Other:

INTERMEDIATE



Other:

NEAR



Other:

2

What do you currently find challenging or bothersome?

Please indicate with a check below.

- Streetlights/
headlights
- Reading
- TV captions
- Bright
daylight

3

When you think long term, would you like to rely on your glasses less?

Please indicate with a check below.

- I don't mind
- It'd be nice
- Glasses are
annoying
- I hate
wearing them

4

How often do you drive in low-light conditions (dusk, night, dawn, rain)?

Please indicate with a check below.

- Never
- Not often,
but I'd like to
- Occasionally
- Often

5

Your doctor will discuss your options for cataract surgery during your consultation.

How knowledgeable do you feel about advanced lenses and laser cataract technology?

Please indicate with a check below.

- Not yet
knowledgeable
- Slightly
- Somewhat
- Knowledgeable

6

To ensure your visit is a great experience, please share any questions or concerns you would like us to know about.

7

Please describe your personality type as best you can.

Please indicate with a check below.

- Easygoing
- Organized,
but flexible
- Always
plans ahead
- Perfectionist