

**TAKE THESE PAPERS WITH YOU TO
THE SURGICAL CENTER AT THE
HOSPITAL ON THE DAY OF YOUR
SURGERY.**

**IF YOU DO NOT TAKE THESE
PAPERS YOU WILL NOT BE ABLE
TO HAVE SURGERY.**

**DO NOT HAVE ANYTHING TO EAT OR DRINK
12 HOURS BEFORE YOUR SURGERY.**

**PICK UP YOUR PRESCRIPTIONS AT YOUR
PHARMACY.**

Your surgery will either be on _____ or _____.

**Eye Care Associates of Nevada will call you with the specific date and
time within 24 hours prior to your surgery.**

If you have any questions regarding your surgery please contact Kelsea at
Eye Care Associates of Nevada at **1-800-331-4393**.

Your surgery will be done at
**Northeastern Nevada Regional Hospital
2001 Errecart Boulevard
Elko, NV 89801**

You will also have an appointment with Total Eyecare the day after your
surgery, Total Eyecare will contact you with that appointment time, if you
have any questions about this appointment please call Total Eyecare at
775-738-8491.

IF YOU HAVE ANY
QUESTIONS ABOUT
THIS PACKET PLEASE
CALL KELSEA AT
EYE CARE ASSOCIATES
1-800-331-4393

TOTAL EYECARE

Professional Eyecare Your Family Deserves

Robert A. Colon, O.D.

Kurt G. Alleman, O.D.

Colby Curtis, O.D.

Date: _____

RECORDS RELEASE:

To: Paul W. Hiss, M.D. & Great Basin Surgical Center

I hereby authorize you to release any information including diagnosis and records of any treatment or examination rendered to me during the period from evaluation to final post-op to the above.

The facility, its employees and officers and attending optometrists are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein.

NAME

ADDRESS

SIGNATURE

WITNESS

EXPIRATION DATE: NONE



Paul W. Hiss, M.D.
Curtis A. Manning, M.D.
Douglas K. Devries, O.D.
Warren J. Whitley, O.D.
Mackenzie Macintyre III, O.D.

DECLARATION OF MEDICAL INSURANCE

I, _____, verify that I have medical insurance coverage with the following companies:

Primary Insurance Company: _____
Policy/ID number: _____

Secondary Insurance Company: _____
Policy/ID number: _____

If you are not the policyholder, please complete the following:

Policyholder's name: _____
Policyholder's date of birth: _____
Policyholder's employer: _____

Eye Care Associates of Nevada will make a good faith effort to bill the above primary and secondary insurance companies for services rendered. **YOU MUST NOTIFY OUR OFFICE IMMEDIATELY IF YOU HAVE CHANGES TO YOUR INSURANCE(S). CERTAIN INSURANCES ONLY HAVE 90 DAYS TO SUBMIT A CLAIM. IF YOU NOTIFY US AFTER THE 90 DAY BILLING PERIOD, YOU WILL BE RESPONSIBLE FOR THE ENTIRE BILL.**

I understand that if these insurance carriers do not make reimbursement, I will be responsible for medical fees.

It is not the responsibility of Eye Care Associates of Nevada to verify coverage with these companies.

Signature _____ Date _____

Witness _____ Date _____

Eye Care Associates of Nevada
2285 Green Vista Drive
Sparks, NV 89431
775 674-1100

Privacy Practice Acknowledgement

I hereby acknowledge, I understand the Federal Government has established the "HIPAA PRIVACY ACT", effective April 14, 2003. I also understand, the Privacy Act describes how medical information about me may be used and disclosed.

I can designate another person(s) to receive this information in addition to myself.

I, at this time, designate the following person(s) to have any and all information regarding my health, appointments and medications (Please include name and relationship): _____

___I have declined to have a copy of the Private Practice Policy.

___I have received a copy of the Private Practice Policy.

Patient Signature: _____

Date: _____

Eye Care Associate Employee: _____

EYE CARE ASSOCIATES OF NEVADA

Paul W. Hiss, M.D.
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INFORMED CONSENT FOR CATARACT OPERATION AND IMPLANTATION OF AN INTRAOCULAR LENS (IOL)

Introduction

This information is given to you so that you can make an informed decision about having eye surgery. Take as much time as you wish to make your decision before signing this informed consent. You have the right to ask questions about any procedure before agreeing to have it.

Except for unusual situations, a cataract operation is indicated only when you are not satisfied with your vision due to loss of detail or to glare produced by the cataract. You must remember that the natural lens within your own eye, even with a slight cataract, may have some advantages over any man-made lens.

After your doctor has told you that you have a cataract, you and your doctor are the only ones who can determine if or when you should have a cataract operation based on your own visual needs and medical considerations. You may decide not to have a cataract operation at this time. If you decide to have an operation, the surgeon will replace your natural lens with an intraocular lens (IOL) to restore your vision. This is a small artificial lens, usually made of plastic, silicone, or acrylic material, surgically and permanently implanted inside the eye. Objects are seen at their normal size. Conventional eyeglasses (not thick cataract or aphakic spectacles) may be prescribed after IOL implantation to achieve best possible vision.

If you have previously had cataract surgery and an IOL was not implanted, it is likely that an IOL can be placed in the eye at this time. This would be done to avoid needing cataract glasses or strong contact lenses.

Presbyopia

Most patients who have cataract surgery also have, or will soon develop, an age-related condition known as presbyopia. Presbyopia is the reason that reading glasses become necessary, typically in the mid-40's age range, even for people who have excellent unaided distance vision. This is due to a hardening of the eye's natural lens, making it more difficult to change focus from one distance to another. Most individuals require bifocals or separate reading glasses to see clearly at close range once presbyopia develops. Likewise, when IOLs are implanted during cataract surgery to maximize distance vision, reading glasses are required for best near vision.

Intraocular Lens Options

Most patients undergoing cataract surgery have options regarding the type of IOL to be implanted in their eyes. The choice may depend largely on which type of vision correction will be most convenient for one's lifestyle. In other cases, co-existing eye conditions limit the effectiveness of certain IOLs, leaving the patient with one clearly best option.

Monofocal IOLs: Traditional lens implants have a single curvature and focal point, providing best focusing at a particular distance, such as near vision or far vision. Each patient decides whether to be near-sighted or distance-sighted, and the surgeon chooses lens implants accordingly. For patients who receive implants that maximize distance vision, reading glasses will be used for close tasks, including computer work, reading, and sewing. If IOLs are implanted to make a patient nearsighted, he/she would plan to read without glasses but need spectacle correction for distance tasks, such as driving and watching television.

Multifocal IOLs: A number of intraocular lenses with the potential to restore some of the near focusing ability of the eye (accommodation) have been approved by the Food and Drug Administration (FDA,) providing ophthalmologists and their patients with expanded choices for cataract surgery. Depending upon the technological features of the lenses, they are described as "bifocal," "multifocal," "accommodating," "apodized diffractive," or "presbyopia-correcting." All of these lenses correct for both distance and some degree of near vision. Your surgeon may determine through the eye examination and a discussion with you that one of these lenses is an appropriate choice for you.

Possible Limitations of Multifocal IOLs: The goal of cataract surgery with a multifocal IOL is to restore some of the near focusing ability of your eye. There is no guarantee that all of the near focusing ability of your eye will be restored. Other

factors affect the visual outcome of cataract surgery, including the power of the lens implant, your individual healing response, pre-existing astigmatism, and the function of the ciliary muscles in your eyes. While a multifocal IOL can reduce dependence on glasses, it might result in less sharp vision, which may become worse in dim light or fog. It may also cause some visual side effects such as haloes around lights at night and faint double images when reading. Driving at night may be affected.

Monovision: Another option available to cataract patients is “monovision.” In this method, lenses of different powers are placed in your two eyes. The ophthalmologist deliberately corrects one of your eyes for close vision, which would allow you to read without glasses. The fellow eye would receive a distance lens that would provide better far vision. This technique has been employed successfully in many contact lens and implant patients. Your surgeon or staff may discuss and demonstrate this option.

Astigmatism, Toric IOL’s and “LRI’s”: Astigmatism is a very common imperfection of the eye and is present when the cornea is not spherical like a basketball. An asymmetrically curved object, such as a football, is said to have a “toric” shape. When a cornea (the front curved surface of the eye) is toric, light rays passing through it do not focus to a single point. The result is “astigmatism” (Greek: not to a point). Glasses and contacts can be made in toric shapes to compensate for the imperfect curvature of the cornea. Likewise, a toric IOL can be implanted instead of spherical one to neutralize astigmatism of the cornea, thereby providing better focusing without glasses than spherical IOLs. In this way, astigmatism can be reduced or eliminated at the time of cataract surgery. If you have a significant degree of astigmatism, this IOL option may be discussed with you.

To qualify for treatment with a toric IOL, an eye needs to have a moderate or high degree of astigmatism. When there exists a smaller amount of astigmatism, a technique known as “limbal relaxing incisions” or “LRI’s” can be useful at improving vision. In this procedure, the surgeon places incisions in the cornea along its steeper axis, thus reducing the curvature in that direction. The result is a more symmetrically rounded cornea (with less toricity) and better vision without glasses post-operatively.

The use of a toric IOL or LRI’s necessitates additional specific measurements, planning, surgical execution and post-operative considerations not required when implanting traditional spherical IOLs. As Medicare and most other insurance companies do not provide payment for the surgical correction of astigmatism, patients are responsible for payment of these non-covered services.

Toric IOLs, like toric eyeglasses, must be oriented correctly within the optical system of the eye to improve astigmatism maximally. It is possible, although unlikely, that a toric IOL may shift in position during the first few weeks following implantation, since it takes some time for the tissue inside the eye to firmly affix an IOL in position. In the case of significant IOL shift and reduction in vision, a second brief procedure to reposition the IOL may be necessary a few weeks after implantation.

Information about calculating the power of the intraocular lens

Prior to surgery, a number of measurements are done, called biometry, to calculate the power of the intraocular lens that will be implanted in the eye. While the methods used to calculate the power of the IOL implant are very accurate in the vast majority of patients, some inaccuracy may occasionally occur. As the eye heals, the implant can shift very slightly toward the front or back of the eye before a stable position is reached. The amount of this shift is not the same in everyone, and may cause you to see differently from what may have been predicted by the measurements taken before surgery. Patients who are highly nearsighted or highly farsighted have the greatest risk of inaccuracies. Patients who have had LASIK, PRK, or Radial Keratotomy (RK) are especially difficult to calculate precisely. Residual refractive error after surgery may be amenable to correction with eyeglasses, contact lenses, refractive surgery, or repositioning or replacement of the IOL itself.

At the time of surgery, your ophthalmologist may decide not to implant an intraocular lens at all even though you have given prior permission to do so. Additionally, a monofocal IOL may need to be placed in your eye instead of a multifocal one, or a spherical one instead of a toric one.

Financial Implications of a Multifocal or Toric IOL

If you have Medicare coverage for this cataract surgery, the “presbyopia-correcting,” multifocal IOL or toric IOL devices and associated services for fitting these lenses are considered **partially covered**. You are responsible for payment for that portion of the services that exceeds the charge for insertion of a conventional IOL during cataract surgery. Your ophthalmologist and staff will inform you about the coverage, deductible, and co-payment amounts if a private insurance company is paying for this procedure. Financing is available for applicable charges for these premium IOLs.

Complications of cataract surgery and IOL implantation

1. As a result of surgery, it is possible that your vision could be made worse. Complications of removing a cataract may include hemorrhage (bleeding), perforation of the eye, loss of corneal clarity, retained pieces of cataract in the eye, infection, detachment of the retina, uncomfortable or painful eye, droopy eyelid, glaucoma, double vision, and/or temporary or persistent swelling of the retina (macular edema). These and other complications may occur whether or not a lens is implanted and may result in poor vision, total loss of vision, or even loss of the eye in rare situations.
2. Visual effects associated with an intraocular lens may include increased night glare and/or halo, double or ghost images, and dislocation of the lens. Multifocal lenses may increase the likelihood of these problems. In some instances, corrective lenses or surgical replacement of the intraocular lens may be necessary for adequate visual function following cataract surgery.
3. If an intraocular lens is implanted, it is done by a surgical method. It is intended that the small plastic, silicone, or acrylic lens will be left in your eye permanently.

At the time of surgery, your doctor may decide not to implant an intraocular lens in your eye even though you may have given prior permission to do so.

4. The results of surgery in your case cannot be guaranteed. Additional treatment and/or surgery may be necessary. You may need “YAG” laser surgery to correct clouding of vision months to years later. This is due to a secondary haze of the eye’s natural lens capsule, left in place during cataract surgery to support the IOL. At some future time, the lens implanted in your eye may have to be repositioned, removed surgically, or exchanged for another lens implant.
5. The calculation for an intraocular lens implant is not “an exact science,” as explained above. You accept that you might need to wear glasses or contact lenses subsequent to surgery to obtain best possible vision. Nearly every eye has imperfections in focusing that cannot be corrected with an IOL. Even patients that see 20/20 without glasses after surgery can be improved with spectacles. There is a good possibility that subsequent surgeries such as IOL exchange, placement of an additional lens, or refractive laser surgery may prove valuable if you are not satisfied with your vision after cataract removal.

Additional risks related to individual eye characteristics

If you have myopia (nearsightedness) and the size of your eye is somewhat larger than average, you are at increased risk for the development of a retinal detachment

in your lifetime. This is due to the extra stretch put on the retina which lines the inside wall of the eye. Having the natural lens of the eye removed slightly increases the risk of retinal detachment in all eyes, whether or not the end result of cataract surgery is nearsightedness or farsightedness. The correction of nearsightedness through the replacement of a natural lens with an IOL does not change the size of the eye; therefore, the “nearsighted” risk of a detachment is not alleviated. Retinal detachments usually require surgical intervention and can lead to vision loss.

Patients with diabetes are at particular risk for development of leaky capillaries in the retina, with resultant tissue swelling and decreased vision. Laser treatments are commonly performed by retina specialists for this condition. Retinal swelling should be controlled prior to cataract surgery, if possible, to minimize these problems.

Most adults have “floaters” in their vision, caused by particles in the vitreous gel that fills the eye. After cataract surgery, floaters may be more noticeable.

Consent for surgery

Cataract surgery, by itself, means the removal of the natural lens of the eye by a surgical technique. In order for an intraocular lens to be implanted in my eye, I understand I must have cataract surgery performed either at the time of the lens implantation or before lens implantation. The basic procedures of cataract surgery, the reasons for the type of IOL chosen for me, and the advantages and disadvantages, risks, and possible complications of alternative treatments have been explained to me by my ophthalmologist. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction.

In signing this informed consent for cataract operation and implantation of an intraocular lens, I am stating I have read this informed consent (or it has been read to me,) I have been given a copy and I understand it and the possible risks, complications, and benefits that can result from the surgery. I also understand the financial implications of choosing a multifocal or toric IOL, if applicable.

1. RIGHT EYE:

I wish to have a cataract operation with the following type of intraocular lens implant:

- Monofocal distance
 - Monofocal near
 - Multifocal
 - Toric
 - LRI for astigmatism
- _____ Patient's Name (print)
_____ Patient's Signature
_____ Witness Signature _____ Date

2. LEFT EYE:

I wish to have a cataract operation with the following type of intraocular lens implant:

- Monofocal distance
 - Monofocal near
 - Multifocal
 - Toric
 - LRI for astigmatism
- _____ Patient's Name (print)
_____ Patient's Signature
_____ Witness Signature _____ Date

**THERE WILL BE 3 SEPARATE CHARGES
ASSOCIATED WITH YOUR SURGERY**

1. Eye Care Associates of Nevada

This bill will cover the surgeon's fees, exam and testing. Their office will call you to collect a deposit if applicable.

2. Great Basin Surgical Center inside Northeastern NV Regional Hospital

This is a state-licensed surgical facility whose fee is separate and unrelated to the surgeon's charges.

3. Anesthesia

This bill will be from the doctor who administered/monitored anesthesia during your surgery.

- Medicare only patients: Medicare will only pay 80% of their allowable. **You will be responsible for the 20% balance plus deductible if applicable.**
- Medicare & 2nd insurance: Some secondary insurance will pick up all or part of the 20% balance. You will be responsible for what they do not.
- Private Insurance (s) patients: Depending on your plan (s), there may be a balance that you will be responsible for.

We accept: Visa, MasterCard, American Express, Discover and Personal Checks made out to Eye Care Assoc. of NV.

Please sign and return this form and payment if applicable to:

Eye Care Assoc. of NV
Attn: Elko Surgery
2285 Green Vista Dr.
Sparks, NV 89431

Patient's signature _____

Date _____

Witness's signature _____

Date _____

Eye Care Associates of Nevada
2285 Green Vista Drive
Sparks, NV 89431
775 674-1100

Professional Status Acknowledgement

Please acknowledge that Eye Care Associates of Nevada employs licensed practitioners of ophthalmology and optometry. In addition, the practice is devoted to the advancement of education in these fields. Through affiliations with the University of Nevada School of Medicine and Pacific University in Portland we frequently have preceptors and interns present in the clinic. It is important that patients be aware that, although these students may participate in supervised observation, the care received in our offices will be provided by licensed practitioners.

After completing college, an optometrist attends optometry school and receives four years of specialized training in diagnosing and treating refractive conditions and diseases of the eye, including pre- and post-operative care. An ophthalmologist attends medical school after college and then is trained for three years in surgery and diseases of the eye. The ophthalmologists and optometrists at Eye Care Associates of Nevada are licensed by the State of Nevada. The practice of ophthalmology and optometry are regulated, respectively, by the following licensing boards: Nevada State Board of Medical Examiners, P.O. Box 7238, Reno, NV 89510, 775-688-2559; Nevada State Board of Optometry, P.O. Box 1824, Carson City, NV 89702, 775-883-8367.

I, voluntarily, knowingly and willingly desire the licensed doctors of ophthalmology and optometry jointly to be involved in my medical care at Eye Care Associates of Nevada. Should the need arise; I understand I can return to the care of the operating surgeon at any time. I also understand that it is my responsibility to keep all follow-up appointments and comply with all prescribed medication schedules during treatment and before and after surgery, as applicable.

Patient Signature: _____

Eye Care Associates Employee: _____ Date: _____

Date		Name:			
		DOB:	Age:		
Medical History: Review of Systems					
(Please indicate if any of the following medical conditions pertain to you)					
Eyes:	Yes	No	Constitutional:	Yes	No
glaucoma			development disability		
cataract			unintended weight loss		
macular degeneration			persistent fever		
inflammation			chronic fatigue		
vision disturbances			trauma		
blurry vision			other		
dry or watery eyes					
infections					
other					
Cardiovascular:	Yes	No	Musculoskeletal:	Yes	No
heart disease			muscle/joint pain		
high blood pressure			muscle spasms		
stroke			muscle weakness		
vascular disease			muscle/joint swelling		
other			arthritis		
			other		
Endocrine:	Yes	No	Gastrointestinal:	Yes	No
diabetes			diarrhea/constipation		
hormonal dysfunction			vomiting		
cholesterol/lipid problems			heartburn/ulcer		
cancer			cancer		
other			other		
Respiratory:	Yes	No	Allergic/Immunologic:	Yes	No
emphysema			allergies		
pneumonia			rheumatoid arthritis		
asthma			lupus		
bronchitis/cough			autoimmune disease		
cancer			other		
other					
Blood/Lymphatic:	Yes	No	Integumentary (skin):	Yes	No
anemia			eczema/dermatitis		
bleeding problems			rosacea/acne/psoriasis		
leukemia			cysts/warts/ulcer		
other			cancer		
			other		
Nervous System:	Yes	No	Mental:	Yes	No
seizures			depression		
multiple sclerosis			panic/anxiety disorders		
headaches/migraines			Alzheimer's/Dementia		
paralysis			psychoses		
numbness/cold			amnesia/sleep disorders		
other			other		
Ears/Nose/Throat:	Yes	No	Genitourinary:	Yes	No
runny nose/hay fever			genital/prostate		
sinus congestion			kidney/bladder		
dry mouth/throat			ovary/uterus/vaginal		
cancer			cancer		
other			other		

Social History:

Do you have visual difficulty when driving? Yes No If yes, please explain: _____

Do you use tobacco products? Yes No If yes, type/amount/how long: _____

Do you drink alcohol? Yes No If yes, type/amount/how long: _____

Do you use addictive agents? Yes No If yes, type/amount/how long: _____

Have you been infected with: Gonorrhea Syphilis HIV Hepatitis None

Past History:

Do you take medications (including prescriptions, oral contraceptives, aspirin, over the counter medications and home remedies): Yes No

If yes, please list:

Have you had past injuries? If yes, please list:

Yes No

Have you had past surgery? If yes, please list:

Yes No

Are you currently pregnant? If yes, expected due date?

Yes No

Do you have any allergies?: Yes No

If yes, please list:

Family History:

Please check box if anyone in the family (parents, grandparents, brothers/sister, or children) has had any of the following conditions:

	Yes	No		Yes	No
Blindness			Diabetes		
Cataract			Heart Disease		
Crossed Eyes			High Blood Pressure		
Glaucoma			Kidney Disease		
Macular Degeneration			Lupus		
Retinal Detachment/Disease			Thyroid Disease		
Arthritis			Other		
Cancer					

Patient Signature

Date

**EYE
CARE
ASSOCIATES
OF NEVADA**

Paul W. Hiss, M.D.
Curtis A. Manning, M.D.
Douglas K. Devries, O.D.
Warren J. Whitley, O.D.
Mackenzie Macintyre III, O.D.

PATIENT'S NAME: _____ DATE: _____

WHAT NAME WOULD YOU LIKE TO BE ADDRESSED BY: _____

MARITAL STATUS: _____ MALE: _____ FEMALE: _____

SSN: _____ DATE OF BIRTH: _____

MAILING ADDR: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICAL ADDR: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

HOW WOULD YOU LIKE TO BE CONTACTED: HOME WORK CELL TEXT EMAIL US MAIL

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDR: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMERGENCY CONTACT: SPOUSE, PARENT AND/OR RESPONSIBLE PARTY

NAME: _____ RELATIONSHIP: _____

D.O.B. _____ SSN: _____ HOME PHONE: _____

ADDR: (If different from above.) _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER: _____ WORK PHONE: _____

ADDR: _____ CELL PHONE: _____

FAMILY DOCTOR: _____ OPTOMETRIST: _____

REFERRED BY: _____ PHARMACY: _____

I understand I am responsible for payment of all services rendered.

SIGNATURE: _____ DATE: _____

Pre-operative Instructions for your Operation

- Please only have water six (6) hours before you scheduled arrival time. You can have solid foods up to seven (7) hours before your scheduled arrival time. Please no smoking, breath mints, gum, etc. These precautions will make it less likely for you to get sick to your stomach.
- If you take any medications for your heart or for high blood pressure you can take them before your operation with a small sip of water. If you have any questions regarding this please contact the surgical center so there are no misunderstandings.
- If you have diabetes and are taking insulin or oral medications, do not take them prior to your surgery. We will check your blood sugar when you arrive and if it is high we will administer insulin to you at the time.
- If you have asthma, bring your inhaler(s).
- Wear something comfortable and easy to remove to the surgery center. We will be having you undress from the waist up only, and changing into a patient gown before your surgery.
- Please leave all your jewelry and valuables at home.
- Please do not wear any makeup or petroleum based products around your eyes or lips.
- Make sure you have someone accompany you and pick you up after your surgery is finished. You may receive some medications that will make you drowsy and will not be able to drive yourself home.
- Take your eye drops as instructed. Use day of procedure and continue until doctor tells you to stop.
- Eye Care Associates of NV will call you before your surgery appointment to go over instructions. This call gives you an opportunity to ask questions regarding your surgery and any financial concerns.

Thank you!

Great Basin Surgical Center inside
Northeastern Nevada Regional Hospital
2001 Errecart Blvd.
Elko, NV 89801