

Even though you may currently need glasses, surgery gives you the option of seeing better **without glasses.**
Which of the following best describes your goals **AFTER SURGERY?**

- I would be happy to wear glasses all of the time to fine tune my vision
- I would like to have good distance vision without glasses and wear glasses for computer and reading
- I would like to have good distance and near vision without glasses and rely on minimal glasses

Check off the single statement that best describes you in terms of night vision:

- Night vision is extremely important to me and I require the best night vision possible
- As long as I can drive comfortably at night, I can tolerate some slight imperfections
- Night vision is not particularly important to me

Have you ever worn contacts? If so, did/do you wear:

- Distance contacts with readers
- Multifocal contacts
- Monovision contacts
- None

Think of your vision in 3 zones (See below) — If you **had to wear glasses** for at least one zone after surgery, **check off** which zone you would be more willing to do so:

- Distance (driving, golf, tennis)
- Mid-range (computer, gardening, cooking)
- Near (reading, cell phone, putting on make-up)

If you could have good distance and near vision without glasses in most situations, would you be able to tolerate some glare and halos around lights? Yes No

Some surgical options require additional **out of pocket payments.** Would you consider paying out of pocket beyond what insurance covers to reduce/ minimize your need for glasses? Yes No

How many hours a day do you spend: Driving: _____ On the Computer: _____ Reading: _____

What is/was your occupation? _____

Please list up to 3 favorite hobbies: _____

Print Name

Birth Date (MM/DD/YYYY)

Signature

Date (MM/DD/YYYY)

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