





FAX  
COMPLETED  
FORM TO:  
Missouri Eye  
Institute  
417-887-6368

## VISION QUESTIONNAIRE

### Patient Acknowledgement

My Optometrist and I have discussed a plan for my cataract surgery. I understand the options available to me and have agreed to the following (please check one):

1. \_\_\_\_\_ I desire a cataract extraction with a multifocal (distance and near correction) premium IOL implant. I understand there are additional out-of-pocket expenses to me and my insurance will not cover the additional costs. I also understand I may have glares and halos at night after surgery.
  
2. \_\_\_\_\_ I desire a cataract extraction with a Toric premium IOL implant. I understand there are additional out-of-pocket expenses to me and my insurance will not cover the additional costs.
  
3. I desire a cataract extraction with a monofocal (single lens) intraocular (IOL) implant for:
  - \_\_\_\_\_ DISTANCE correction with the single focus IOL in  
Left / Right / Both eye(s). I understand I may still need to wear glasses for optimal vision (e.g., night driving), even at a distance. I understand I will need to wear glasses for near vision and intermediate (e.g., computer screen) vision.
  
  - \_\_\_\_\_ NEAR correction with the single focus IOL in  
Left / Right / Both eye(s). I understand that I will need glasses (correction) for best distance and intermediate (e.g., computer screen) vision.
  
4. \_\_\_\_\_ I am unsure about my decision regarding lens implants at this time and wish to speak to a Missouri Eye Institute eye surgeon about it in more detail.
  
5. \_\_\_\_\_ I understand I may be a candidate for the multifocal or Toric lens, but I **DECLINE** having it implanted into my eye at this time.

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

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_