



MATERIALS CATALOG

These materials are available free of charge for use in your practice.

PATIENT PUBLICATIONS

PRESENTATION FOLDERS

- _____ pkg(s) of 10 **Cataract Surgery** – 24 page folder containing:
- Cataract Correction: Reclaim Your Good Vision booklet
 - Lens Implant Options pamphlet
 - CareCredit easy monthly payment brochure

- _____ pkg(s) of 10 **LASIK Vision Correction** – 24 page folder containing:
- LASIK: Change Your Life Forever booklet
 - 15% Refractive Surgery Discount Pamphlet
 - CareCredit easy monthly payment brochure

BOOKLETS

- _____ pkg(s) of 10 **Cataract Correction: Reclaim Your Good Vision** – Educates and answers common questions
- _____ pkg(s) of 10 **LASIK: Change Your Life Forever** – Educates and answers common questions
- _____ pkg(s) of 10 **Refractive Lens Exchange** – Vision Correction for Age 40+ - Educates and answers common questions
- _____ pkg(s) of 1 **Wire Display Rack** – Table-top holder for our cataract, LASIK, and RLE booklets

PATIENT PAMPHLETS

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|--------------------------|--------------------------|--------------------------|--|
| ☐ | ☐ | ☐ | 15% Refractive Surgery Discount |
| ☐ | ☐ | ☐ | Beating High Blood Pressure |
| ☐ | ☐ | ☐ | Blepharitis |
| ☐ | ☐ | ☐ | Cataract Correction – <i>Spanish</i> |
| ☐ | ☐ | ☐ | Corneal Cross-linking |
| ☐ | ☐ | ☐ | Corneal Cross-linking – <i>Spanish</i> |
| ☐ | ☐ | ☐ | Diabetic Retinopathy |
| ☐ | ☐ | ☐ | Diabetic Retinopathy – <i>Spanish</i> |
| ☐ | ☐ | ☐ | Dry Eyes |
| ☐ | ☐ | ☐ | Dry Eyes – <i>Spanish</i> |
| ☐ | ☐ | ☐ | Floaters and Flashes |
| ☐ | ☐ | ☐ | Floaters and Flashes – <i>Spanish</i> |

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| ☐ | ☐ | ☐ | Glaucoma |
| ☐ | ☐ | ☐ | Glaucoma – <i>Spanish</i> |
| ☐ | ☐ | ☐ | Good News About Diabetes |
| ☐ | ☐ | ☐ | Iritis |
| ☐ | ☐ | ☐ | Lens Implant Options |
| ☐ | ☐ | ☐ | Lumps and Eye Growths |
| ☐ | ☐ | ☐ | Lumps and Eye Growths – <i>Spanish</i> |
| ☐ | ☐ | ☐ | Macular Degeneration |
| ☐ | ☐ | ☐ | Macular Degeneration – <i>Spanish</i> |
| ☐ | ☐ | ☐ | Photorefractive Keratectomy |
| ☐ | ☐ | ☐ | Retinal Tears and Detachment |
| ☐ | ☐ | ☐ | Secondary Cataracts |
| ☐ | ☐ | ☐ | Secondary Cataracts – <i>Spanish</i> |

REFERRAL FORMS

- _____ pkg(s) of 20 **Consultation Request** – For cataracts, medical conditions and other surgical procedures
- _____ pkg(s) of 20 **Refractive Surgery Referral** – For LASIK, PRK, ICL, and RLE
- _____ pkg(s) of 5 **Corneal Cross-linking Referral** – This service is available wherever we provide LASIK
- _____ pkg(s) of 5 **Diagnostic Services Request**
- _____ pkg(s) of 5 **Glaucoma Surgery Referral**

POST-OP FEEDBACK

- _____ pkg(s) of 20 **Cataract Surgery** – 1 day to 6 week exam
- _____ pkg(s) of 20 **Laser Vision Correction** – 1 day to 6 month exam

FEE SCHEDULE

- _____ pkg(s) of 1 **Cataract and Refractive Surgery Fee Schedule**

BILLING INSTRUCTIONS

- _____ pkg(s) of 5 **How to Bill for Cataract Post-op Care**
- _____ pkg(s) of 5 **How to Bill for YAG Capsulotomy Post-op Care**
- _____ pkg(s) of 5 **How to Bill for Diagnostic Services**
- _____ pkg(s) of 5 **Billing Span Calculator** – To help determine the 90-day post-op global billing period
- _____ pkg(s) of 1 **Comanagement & Billing for Premium Refractive Cataract Services**

REFERRAL CHECKLISTS

- _____ pkg(s) of 1 **Laser Vision Correction Referral Checklist** – Optional reference
- _____ pkg(s) of 1 **Presbyopia-correcting IOL Referral Checklist** – Optional reference

COMANAGEMENT RESOURCES

CORNEAL CROSS-LINKING

- _____ pkg(s) of 1 **Comanagement Guidelines** – A 2-page overview to assist as you provide pre and post-op care

IMPLANTABLE COLLAMER LENS (ICL)

Please note that ICL procedures are currently provided by Drs. Brian Carey, Jason Leng, and Marshall Ford.

- _____ pkg(s) of 10 **EVO ICL Patient Pamphlet**
- _____ pkg(s) of 1 **EVO ICL Patient Pamphlet** – *Spanish*
- _____ pkg(s) of 10 **EVO ICL Patient Selection Guide** – *for Professionals*

LIGHT ADJUSTABLE LENS (LAL)

- _____ pkg(s) of 10 **Patient Brochure**
- _____ pkg(s) of 10 **QR Code Flyer for Patients**
- _____ pkg(s) of 1 **Chairside Educational Tool**
- _____ pkg(s) of 1 **FAQs for Professionals**

PRESBYOPIA-CORRECTING LENS IMPLANTS

- _____ pkg(s) of 5 **Vision and Lifestyle Questions** – To help screen good candidates
- _____ pkg(s) of 1 **Comanagement Guidelines** – Tips and points to discuss with patients

YAG LASER FLOATER TREATMENT

- _____ pkg(s) of 1 **Comanagement Guidelines** – This service is only available in our Chehalis and Vancouver, WA facilities

CARDS AND MAPS

- _____ pkg(s) of 50 **Appointment Cards**
- _____ pkg(s) of 25 **Maps and Driving Directions** – Specify PCLI office(s) _____
- _____ pkg(s) of 20 **Business Cards** – Specify PCLI office(s) _____
- _____ pkg(s) of 1 **PCLI Info Card** – Address, phone and fax info for each PCLI office and our ODs' email addresses (not for patients)

LASIK DISPLAYS

Use these attractive 11 x 14 inch acrylic frames with 2 interchangeable posters to let patients know you are available to help them with laser vision correction. Cards on the display provide guidelines for making good decisions that may save you valuable chair time.

- _____ pkg(s) of 1 **Countertop Display**
- _____ pkg(s) of 1 **Wall-mounted Display**
- _____ pkg(s) of 50 **Replacement Card – Option 1:** Take-home cards if you want to provide pre and post-op care.
- _____ pkg(s) of 50 **Replacement Card – Option 2:** Take-home cards if you only want to provide post-op care.

COMANAGEMENT FEE COLLECTION FOR YOUR POST-OP CARE



PCLI has partnered with CoFi to collect out-of-pocket fees associated with comanaged premium cataract surgery and refractive surgery services. We invite you to join over 5,500 ODs nationwide who use CoFi.

CoFi enables patients to pay for your post-op care with the same card swipe they use to pay for treatment at PCLI. This web app ensures that quick electronic payments are processed in full comanagement compliance.



To learn more, scan this code or go to the Materials section of ODPCLI.com

OD NEWS SUBSCRIPTION

- ☐ I would like to receive digital copies of PCLI's quarterly newsletter for optometric physicians.
- My email address is _____

PRACTICE AND SHIPPING INFORMATION

Doctor's name

Practice name

Shipping address

City

State

Zip

Phone

Fax

Email

Website

OPTIONS TO REQUEST OUR FREE MATERIALS

FAX 360.748.4797

MAIL PCLI Professional Relations
PO Box 1506
Chehalis, WA 98532

PHONE Tami Prunty at 800.888.9903

EMAIL tami.prunty@pcli.com

ONLINE Visit odpcli.com to view and order items in this catalog.