

PRESBYOPIA-CORRECTING LENS IMPLANT

Referral Checklist

PATIENT'S NAME

When presbyopia-correcting lens implants are desired, the following checklist may be helpful as you evaluate and refer patients to PCLI for cataract surgery or refractive lens exchange.

PATIENT ELIGIBILITY

- ☐ Patient desires to be free of glasses much of the time
- ☐ No uncorrectable visually-significant ocular disease
- ☐ Has less than 3 D of corneal cylinder (we have excellent astigmatism treatment options)
- ☐ Pupils are 2mm or greater
- ☐ No contraindications for laser vision correction are preferred

PATIENT EDUCATION

- ☐ Visual expectations are realistic
- ☐ Is prepared for potential visual compromises
- ☐ Is aware of out-of-pocket fees for non-covered services and the need for an ABN for your portion of the care

PRE-OPERATIVE

- ☐ Personality screenings and evaluation have been performed with special attention to the refractive surgery nature of presbyopia-correcting lens implants
- ☐ Patient understands the importance of post-operative care
- ☐ Referral has been sent (forms available from PCLI)

SURGERY

After receiving your referral, our counselors will call your patient to:

- Answer questions and review expectations
- Discuss presbyopia-correcting lens implant options
- Discuss fees and offer payment options
- Schedule convenient appointments
- Ensure that they understand the importance of after-surgery care
- Review before and after surgery instructions

QUESTIONS

If you have any questions about patient education, pre-surgery assessment, the referral process, surgery or follow-up care, please contact us.