



OMNI EYE SPECIALISTS

A Madison Street Company®

Proudly Owned by Employees

Specializing in Medical and Surgical Care of the Eye

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Patient Name

INFORMED CONSENT ADDENDUM FOR TORIC INTRAOCULAR LENS IMPLANTATION

This information is being provided to you so that you can make an informed decision about having the toric intraocular lens (IOL) implanted during your cataract surgery. Toric IOLs are designed to correct astigmatism. This lens will be inserted at the time of cataract surgery when an otherwise non-toric IOL would have been used. The goal of the toric IOL is to improve vision to the point of not wearing glasses, but this result is not guaranteed. Even if perfect distance vision is achieved, reading glasses are still required.

Upgrading to the toric IOL implantation is an elective. There is no emergency condition or other reason that requires or demands that you have it performed. This procedure, like all surgery, presents some risks, many of which are listed below. Despite the best of care, complications and side effects may occur; should this happen in your case, the result might be affected even to the extent of making your vision worse.

ACKNOWLEDGEMENT OF FINANCIAL OBLIGATION FOR TORIC IOL IMPLANTATION

My care provider has informed me that the toric IOL and the associated services for selection and optimization of the lens are **not covered** by Medicare and insurance companies. If I choose to have cataract surgery with implantation of this technology, I acknowledge that I am responsible for payment of the charge for the toric IOL and associated services that exceed the charge for insertion of a conventional, monofocal IOL following cataract surgery.

ALTERNATIVES TO TORIC IOL IMPLANTATION

If you decide not to have the toric IOL, there are other methods of correcting astigmatism. These alternatives include eyeglasses, contact lenses, limbal relaxing incisions (LRI), and other laser refractive surgical procedures such as PRK or LASIK.

POTENTIAL RISKS AND COMPLICATIONS

There is a possibility that the desired results of surgery may not be obtained. It is possible that I may require additional surgery at a later date or that I could still need glasses after surgery. Additional reported complications are consistent with those of standard cataract surgery. I understand that, as with all types of surgery, there is a possibility of complications due to anesthesia, drug reactions or other factors that may involve other parts of my body. I understand that, since it is impossible to state every complication that may occur as a result of any surgery, the list of complications in this form may not be complete.

Patient Name

PATIENT CONSENT

The details of the toric IOL implantation during my cataract surgery have been presented to me in detail in this document and explained to me. My questions have been answered to my satisfaction. I have read this informed consent form and I fully understand it and the possible risks, complications, and benefits that can result from surgery. I give my consent to my ophthalmologist to implant the toric IOL, and I declare that I understand the following: I have received no guarantee as to the success of my particular case.

- **I have read this informed consent _____ (patient initials)**

I wish to have a toric intraocular lens implanted in my _____ (state “right” or “left”) eye.

Patient (or person authorized to sign for patient)

Date

Witness Signature

Date

Physician Signature

Date