

# Filutowski Cataract & LASIK Institute

## LASIK Screening

(Please print legibly)

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Were you referred by your eye doctor? .....  yes  no

If yes, doctor's name and office location: \_\_\_\_\_

When was your last full eye exam? \_\_\_\_\_

Have you had any previous eye surgery? .....  yes  no

If yes, please explain: \_\_\_\_\_

Do you have keratoconus? .....  do not know  yes  no

When was the last time you wore contact lenses? Date: \_\_\_\_\_

Type of lenses worn: .....  Hard  Soft

Are you pregnant or nursing? .....  yes  no

How long have you been considering LASIK vision correction? \_\_\_\_\_

Why haven't you had LASIK yet? \_\_\_\_\_

What would be your greatest benefit from not having to wear glasses or contact lenses following LASIK? (This could be a personal or professional reason) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know anyone who has had LASIK? \_\_\_\_\_

**Filutowski Cataract & LASIK Institute**  
**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers (insurance companies).
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I may request a copy of your *Notice of Patient Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that Filutowski Cataract and Lasik Institute (FCLI) restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand FCLI is not required to agree to my requested restrictions, but if FCLI does agree then FCLI is bound to abide by them.

**For patients who bring companions to their appointments:** I understand that my private health information may be discussed at any time during any interaction between myself and the staff of FCLI. If I allow my companions to be present during such interactions, my companions may be exposed to my private information. It is MY responsibility to exclude my companions from such conversations between myself and FCLI staff if I do not wish my companions to be exposed to my private information.

Patient Name (print): \_\_\_\_\_

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

Relationship to Patient: \_\_\_\_\_

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

I authorize access to my protected health information for the following persons (optional):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**OFFICE USE ONLY**

I attempted to obtain the patient’s (or legal guardian’s) signature in acknowledgment on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below:

Date:	Initials:	Reason:

**PRESBYOPIA OPTIONS**  
**LASIK, Refractive Lens Exchange and ReSTOR™**  
**(For patients 40 years of age and older)**

Most patients over the age of 40 experience **presbyopia**, a naturally-occurring condition that results in the need for reading glasses. The natural lens of the eye becomes less flexible with age and the patient therefore has difficulty seeing objects at near (closer than arm's length). Such patients are typically corrected with bifocals, computer glasses or reading glasses. Nearsighted patients, who have always worn glasses for distance vision, may be able to take their glasses off to perform near tasks. Presbyopic patients have the following surgical options:

**LASIK and standard REFRACTIVE LENS EXCHANGE (RLE) OPTIONS:**

1. **DISTANCE BOTH EYES:** This option provides the best overall distance vision. Following surgery, reading glasses will be needed for near vision. Nearsighted patients accustomed to removing their glasses to see up close will now need to wear reading glasses instead. Daily tasks such as shaving, applying makeup and seeing your wristwatch will require the use of reading glasses.
  - **ADVANTAGE:** Best vision for distance activities beyond arm's length.
  - **DISADVANTAGE:** Inability to perform near/intermediate tasks without spectacle correction (objects at arm's length and inward will be blurred).
  
2. **MONOVISION (ONE EYE FOR DISTANCE AND ONE EYE FOR NEAR):** This option provides good overall distance and near vision, but it somewhat compromises the best quality of vision. Usually the patient's dominant eye is set for distance vision and the non-dominant eye for near vision. Following surgery, the patient should have good vision at distance and near. Monovision correction should meet patients' visual needs most of the time. Distance and near vision may not be as clear as they were with prescription glasses or contact lenses before surgery. Glasses may still be needed for visually demanding activities, such as driving at night or reading fine print in low light. Depth perception may be decreased in some cases. Monovision can be reversed (most of the time) if the patient is not comfortable with his/her vision.
  - **ADVANTAGE:** Generally good distant and near vision for most activities. Independence from glasses and contact lenses most of the time.
  - **DISADVANTAGE:** Small decrease of quality of vision, which may require spectacle correction for visually demanding activities. Quality of vision is affected by environmental lighting conditions, level of contrast and size of print or object being viewed. Depth perception may also be compromised.

**RESTOR™ LENS IMPLANT OPTION:**

3. **MULTIFOCAL IOL (EACH EYE CAN FOCUS AT DISTANCE AND NEAR):** As an alternative to LASIK or standard RLE, you may elect to have Refractive Lens Exchange with the new ReSTOR™ multifocal intraocular lens. The ReSTOR™ IOL allows each eye to focus at near and distance without additional correction. In clinical studies, 80% of patients with ReSTOR™ IOL's reported never needing glasses for activities of daily life.
  - **ADVANTAGE:** Generally good overall vision for distance and near. Greatest independency from glasses and contact lenses.
  - **DISADVANTAGE:** Some difficulty with intermediate vision (computer distance), increased halos and glare from lights at night. Not ideal for those who require the highest quality distance vision for work or hobbies, or those who do a great deal of fine, detailed near work (jewelers, for instance).



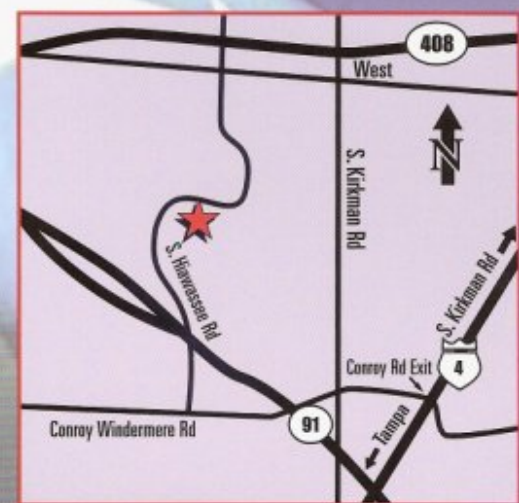
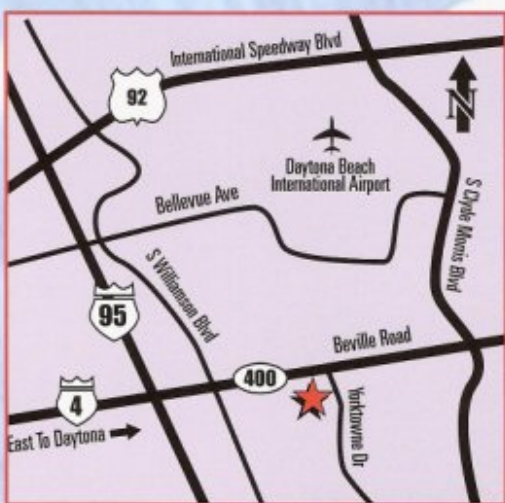
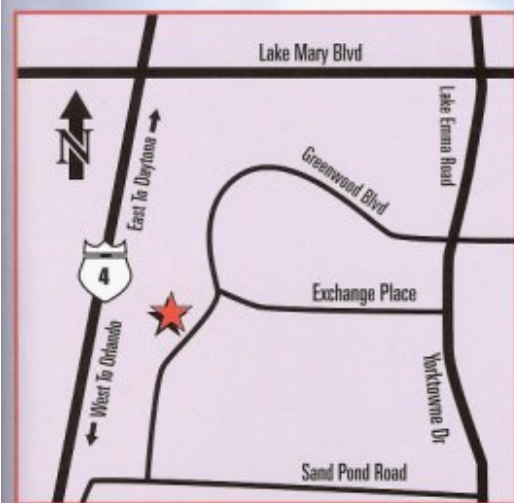
**Lake Mary**  
 1070 GREENWOOD BLVD.  
 LAKE MARY, FL 32746  
 407.333.5111



**Daytona Beach**  
 110 YORKTOWNE DR.  
 DAYTONA BEACH, FL 32119  
 386.788.6696



**Veranda Park**  
 2295 S. HIAWASSEE RD., SUITE 101  
 ORLANDO, FL 32835  
 407.902.2533



**800.EYE.EXAM**  
 FILUTOWSKIEYE.COM  
 WEEKEND & AFTER HOURS HOTLINE: 407.461.4500

Exclusive Provider of  
**HIGH DEFINITION™**  
**LASIK**  
 in Florida



*"The path I chose for my life's work was one that I selected with great care. I wanted to make a difference, to have an impact on the lives of my patients. Even so, I never imagined that my performing LASIK would bring such a magnitude of excitement and life changing experience to my patients' lives. The thrill that I experience through my patients' eyes, with their clear natural vision after LASIK, has become one of my life's greatest rewards. I look forward to changing the way you see the world!"*

KONRAD FILUTOWSKI, MD

**FILUTOWSKI**  
**CATARACT & LASIK**  
**INSTITUTE**  
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