

## Custom Lens Replacement (CLR ER)

Admit One	(✓) watch treatment video (✓) sign booklet (✓) eyedrops in hand	Admit One
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Note: this booklet contains information about important pre-arrival steps. Email [info@brintonvision.com](mailto:info@brintonvision.com) to confirm once you have completed them.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of birth

## TREATMENT INSTRUCTIONS

### PREPARE FOR YOUR TREATMENT – TODAY

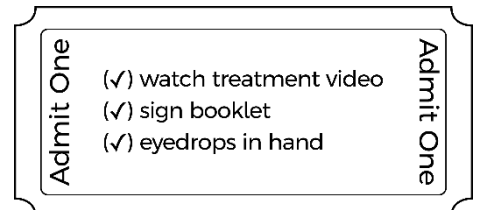
- Thank you for choosing Brinton Vision, and congratulations on being a candidate for vision correction surgery. We're excited to help you meet your vision goals.
- At your Brinton Vision Ocular Analysis, our doctor provided you with a copy of this booklet and a YouTube link to your treatment video. Feel free to re-read this booklet and re-watch the video as many times as you'd like.
- If you have any additional questions, rather than marking in this booklet, list your questions on a separate paper or flag them in this booklet with a sticky note for discussion with our doctors. It's important to us that each patient feels comfortable as they go through our process.
- When you are ready, sign and complete this booklet as explained below.

### HOW TO SIGN AND COMPLETE THIS BOOKLET

- Write your initials in the highlighted boxes labeled *Patient Initials* as well as on the short, highlighted lines at the bottom of each page.
- On the second to last page, under the heading *Patient Treatment Statement*, our doctors have indicated our plan for you by highlighting the boxes that apply to your treatment. If you agree with our plan, check the highlighted boxes. At the bottom of the page, print your name, date, and sign where highlighted.
- On the last page, under the heading *Patient Statement of Informed Consent*, you will notice that the signature block is not highlighted. Leave this area blank. You will sign it on arrival in our office.
- Don't make other pen or pencil marks in the booklet.

### EMAIL US TO CONFIRM THAT PRE-ARRIVAL STEPS ARE COMPLETE

- Once you have watched your treatment video, signed and completed this booklet, and have your eyedrops in hand, **email [info@brintonvision.com](mailto:info@brintonvision.com) to confirm** for us that your pre-arrival tasks are complete.
- These steps are finished in advance so that you can do them from the comfort of your home and take whatever time you need. We don't provide time in our office on treatment day for pre-arrival steps.
- Think of your video, booklet, and eyedrops as your ticket to enter our office on your treatment day.



### PREPARATION FOR YOUR TREATMENT – GENERAL INFORMATION

- At Brinton Vision, we prioritize ensuring a smooth, efficient and stress-free appointment experience for our patients. As part of this, we collect full payment at the time of booking for clinic/surgery services much like you would expect if you bought seats to your favorite concert, made an airline reservation, or planned a night out at the Fox Theatre or Busch Stadium. We understand that each patient's situation is unique, which is why we offer flexible payment options including cash, check, FSA, HSA, credit/debit cards, and financing to accommodate your needs and preferences.
- You won't be able to drive yourself home after your procedure, so arrange for one of the following options.
  - Option #1. Have a friend or family member drop you off. They will be notified when you're ready for pickup.
  - Option #2. Take an Uber home.
  - Option #3. Walk to the nearby Drury Inn or Marriott Courtyard. See [brintonvision.com/hotels](http://brintonvision.com/hotels) for more details.
  - Option #4. Drive and park in our lot overnight. Take an Uber home and back the next morning, then drive home.

- The treatment arrival time we book for you is *approximate*. As with many surgical facilities, arrival times are adjusted prior to surgery. You will receive an email by 5:00 PM the night before with your final arrival time so you can forward this to your driver.
- If you're flying in, have your return flight be no earlier than noon the next day.
- Stop wearing contacts 3 days before surgery, 7 days if possible. Contact lenses warp the surface of the cornea, which affects the accuracy of our measurements and therefore your visual outcome. If you forget and inadvertently wear contacts in the three days prior to surgery, we understand and will be happy to schedule you a new surgery appointment on another day.
- If you have contact lens boxes or foils, email us a photo with right and left eyes marked if you have not already done this.
- Just as we use the most modern technology for our exams and surgeries, we use modern technology in our clinic and administrative offices. We do not have a fax machine; rather, we communicate with patients and doctors by regular email and text.
- The medications you use after surgery will be prescribed and are covered by your health insurance.
- You are welcome to acquire your medications at any pharmacy, however, we have encountered the following issues in the past with some pharmacies:
  - not stocking the branded or generic version of our eye drops
  - substituting a medication we do not approve of
  - requiring multiple patient trips to the pharmacy
  - triggering preauthorization requirements or extra paperwork that delays receiving your medications
  - overcharging patients
  - filling some but not all of the required medications without notifying you
- To avoid these issues, several years ago, Brinton Vision arranged for our patients and office to benefit from a preferred customer relationship with Juniper Pharmacy. Juniper can be seen from our office window. It is located across the street from us at 522 N New Ballas Rd, Suite 206. We have no financial relationship with Juniper Pharmacy – we send patients to Juniper with the hope that our patients can continue to experience the customer service that our Brinton Vision staff is known for.
- Juniper Pharmacy should call or text you within two workdays after you book surgery to verify your information. If you have not heard from them in this time, call Juniper at 314-499-1227.
- We will send a doctor-signed version of your Medication Instructions sheet, included in this booklet, to Juniper Pharmacy. You are responsible for obtaining these drops prior to your surgery day. Juniper will mail them overnight to you at a Missouri or Illinois address free of charge; if you would like to pick them up at Juniper in person, call beforehand to confirm their hours (currently posted as M-F from 8:00 AM to 6:00 PM).
- If you still desire to use your own pharmacy, our technician will give you a signed prescription form in our office or mail it to you if you book surgery by phone. Brinton Vision cannot be responsible for the above issues that may arise as a result. We are happy to mail you a printed prescription, however, for quality control and customer service reasons, we do not fax/call pharmacies.
- Relaxing medicine is provided by Brinton Vision on your surgery day.



#### EVENING BEFORE TREATMENT – AT HOME OR HOTEL

- Check your email. You will receive an email by 5:00 PM the night before with your final arrival time so you can forward this to your driver if you are using one.
- Set out your medications and this signed booklet in a place where you won't forget them. Also set out your prescription glasses to bring with you if you forgot them during your initial consultation.
- Leave valuables at home.

- Download something you can listen to such as a podcast or music to pass the time with your eyes closed in our office. For security reasons we do not provide public Wi-Fi.
- Remove eye and face makeup the night before your procedure and cleanse again in the morning.
- Watch your treatment video again to ensure you are familiar with the information.

#### MORNING OF TREATMENT – AT HOME OR HOTEL

- Shower, but avoid using cologne, perfume, scented lotion, or essential oils. These fragrances can block certain laser wavelengths. Body wash, deodorant, and unscented lotions are fine.
- Wear comfortable layers. The laser room is climate-controlled for precise laser function and is managed by its own HVAC system to maintain temperature and humidity in the range of 68° and 40% +/- year-round. Fun fact about Brinton Vision: the reason we employ this sophisticated equipment is because our state-of-the-art laser room is, as of this writing, the only surgery suite in Missouri and Illinois that can perform all laser and lens-based refractive (vision correcting) surgeries. The closest surgeon with this level of modern LASIK/refractive surgery technology is located 247 miles away.
- It's important to eat a regular meal and take your usual medications prior to arriving at our office, even if your arrival time is early or you don't normally eat breakfast.
- Bring your signed booklet and eyedrops with you. **If you arrive without either of these, we will be happy to schedule you for a new procedure time on another day** when you can have these in hand.

Patient  
Initials

#### TREATMENT DAY – AT BRINTON VISION

- Use the restroom before surgery.
- If you want additional privacy we can lower a shade over the laser room glass.
- For your comfort, you may choose from a light blanket, heavy blanket, or weighted blanket.
- Share your favorite artist or genre with us to play on our speaker in the laser room.
- Surgery takes around 15 minutes, though you'll be in the room for longer.
- We numb your eye with drops and place a *blink protector* so you don't have to worry about keeping your eye open. While you will feel like you are blinking, you aren't.
- Dr. Brinton will talk you through the procedure and ask you to look at a white or green light. Just gaze through the light far away into the distance. If you look away, that's okay; you will hear Dr. Brinton remind you to look back at the light.
- If Dr. Brinton asks you something, answer vocally rather than by shaking your head. He looks through a microscope to perform his treatments, so he won't see your head movements.
- Dr. Brinton takes a picture with each patient in the laser room after surgery. He will text the photo to you and your driver from his personal cell phone before you leave our office.

#### AFTER TREATMENT

- Expect your eyes to be red and irritated (tearing & burning) for the first few hours.
- If your eyes are uncomfortable, take a pain reliever (Tylenol or Advil) that you normally take.
- The eyes heal independently of one another. One eye will heal faster and see better than the other.
- Wear sunglasses as needed for comfort.
- No swimming or hot tubs for the first week.
- You may shower or bathe anytime, however, avoid getting water directly in the eye for one week. Rinse water out by placing an artificial tear drop after you dry off.
- If you would like to wear eye makeup in the first week, ask one of our doctors to show you how to apply and remove this safely.
- Bring this booklet along with your eye medications/drops to your postoperative visits so our staff can review this information with you and verify what drops you are taking.

- Brinton Vision will update your eye doctors/physicians by regular email, text, or mail on the results of your procedure.
- Getting great vision isn't just about what happens on your surgery day. Our postoperative care program is essential to ensuring that you attain the best vision possible.
- Postoperative month one and month three visits are scheduled online with this QR code to the right or at [brintonvision.com/postop](http://brintonvision.com/postop). Postoperative appointments are available on weekdays from 9:00 AM to 3:00 PM.
- In some cases, our doctors may recommend additional clinic visits. Keep this in mind, especially if you travel several hours to get to our office.
- Check in with reception 15 minutes prior to your postoperative appointment time. Late arrivals may be asked to book a new appointment time to ensure we maintain the highest quality of care for all patients.



#### ADJUSTING TO YOUR NEW VISION

- Strongly nearsighted patients may be used to holding objects very close to their face because before surgery they are unable to see anywhere else to read fine print, do nails, makeup, etc. After surgery these individuals will need to adjust to doing these activities at a more "normal" range where others with natural, glasses-free eyesight perform these tasks. Special considerations apply for patients over 40.
- [for patients over age 40] Presbyopia, or *old eye* in Greek, begins to occur in your forties when you lose the ability to read print up close. Our procedures for presbyopia are designed to restore everyday reading vision so you can travel; take pleasure in a concert, theater, or sporting event; use your cell phone; read a restaurant menu; play sports; and enjoy other leisure activities without glasses. Our procedures do not replace magnification found in a magnifying glass or reading glasses for near vision of a professional, technical, or extended nature.

#### GENERAL EYE DROP RECOMMENDATIONS

- Ofloxacin (tan cap) and prednisolone (pink cap) drops are started at four times per day. After surgery, take your first dose when you get to the car and then as follows:
  - If you depart our office before 12:00 noon, take these drops again at lunch, dinner, and bedtime (three more times).
  - If you depart our office after 12:00 noon but before 5:00 PM, take these drops again at dinner and bedtime (two more times).
  - If you depart our office after 5:00 PM, take only your bedtime dose (one more time).
- Getting a good sleep the night of surgery is an important part of the healing process. Don't stay up or set an alarm to take eye drops. Just take a dose of your drops and go to bed, then take them again when you awaken (if it's time for the next dose). Sleeping well on the night of surgery is more important than taking medicated drops or artificial tears during overnight hours.
- Prescribed medications come with one refill, so you don't need to email our office if you run out or lose the bottle. Simply request a refill from the pharmacy.
- Wash your hands prior to using eyedrops. After opening the top of the drop bottle or twist top vial, avoid touching the inside of the cap or the tip of the dropper so these can remain sterile. Use your fingers on one hand to pull down your lower lid slightly and create a "pocket." With your other hand, squeeze the medication bottle or vial to place one drop in the pocket.
- After giving one drop in each operative eye, close both eyes gently as if you are sleeping. Dab the excess drop from your lower eyelids with a tissue. While your eyes are gently closed, avoid squeezing, opening your eyes, or blinking for five minutes. This will maximize absorption of the drop and minimize a bitter taste from the drop in the back of your throat.
- Wait five minutes before giving another eye drop in the same eye.

- If you have difficulty placing drops, you may lie down so you are looking towards the ceiling. Close your eyes gently and place a drop in the inside (near the nose) corner of your eyelids. Blink several times to allow the drop to work its way into your eye then keep your eyes closed as above.
- One drop contacting your eye surface is sufficient. Using multiple drops does not increase efficacy, as additional drops will just spill onto your cheek.
- If you miss an eye drop or are unsure if you took it, take the drop again even if it is close to the time of your next dose.
- Keep your regular postoperative eyedrops in the refrigerator. This has three potential benefits. 1) You can feel the cool drop as it makes contact with your eye. 2) Our eye drops have a longer shelf life if kept in a cool environment. 3) Some patients report that eye drops sting less and are more soothing if chilled.
- You can expect to have some crusting on your eyelashes for a few days after surgery, as well as after instilling the milky white prednisolone drop. You may use a clean, wet washcloth to soak and gently clean off this crustiness. You can also use baby shampoo if needed. If you are unsure of how hard to press, ask one of our medical technicians at your day one appointment to demonstrate how to clean your eyelashes by using a clean cloth.
- If you are instructed to take the prednisolone (pink cap) drop for longer than a week, it is important to taper off the drop gradually to avoid inflammation. The proper taper regimen will be provided for you by a doctor.
- Notify a Brinton Vision doctor if you have used steroid medicines before or if you start a new steroid medication (cream, mist, inhaler, injection, prednisone pill, etc.) while taking the drops above. Patients taking a steroid eye drop for more than a week need to schedule and attend an eye pressure check in our office at least every three weeks.

#### USING ARTIFICIAL TEAR DROPS

- Our patients typically receive their initial artificial tears from Juniper pharmacy with their other postoperative drops. There is a refill included, so additional artificial tears can be obtained from Juniper as well and mailed to your residence. These drops are over the counter, so patients may also purchase preservative-free artificial tears from most retailers with a pharmacy such as Walgreens, Target, Amazon, etc.
- As a modification to the Medication Instructions in this booklet, we recommend that patients use artificial tears more frequently on the day of surgery until they go to bed. Laser surgery patients in particular – e.g. patients who have SBK, PRK, or SMILE – should try to use them every 15-30 minutes, if possible, and then resume normal artificial tear instructions on postoperative day one.
- Once you have finished your course of medications, many patients will continue to use artificial tear drops. These artificial tear drops hydrate your eyes like moisturizing lotion hydrates your skin. In the same way that lotion can make your skin feel better and look better, artificial tear drops can help your eyes feel better and see better. Some people moisturize with lotion when they get out of the shower or before going to bed. In the same way, some people who wear glasses, contacts, or have eye surgery will use an artificial tear drop when they get out of the shower and at bedtime. Sterile artificial tear drops are not addictive and have no negative side effects with long-term use.
- Preservative-free artificial tears in single-use twist-top vials are labeled to be used only once and then thrown away. So long as you can use and re-cap the vial in a sterile fashion, however, it can be used again later that same day. Our staff is happy to show you how to do this. Vials contain 9-11 drops each, so one vial could provide five rounds of drops in both eyes. If you are using them every two hours, then one vial could last you for 10 hours on a day.

#### A HEALTHY TEAR FILM

- In order for your cornea to deliver clear and consistent eyesight, it needs to be coated with a healthy tear film made up of three layers. From in to out, these layers are: 1) a mucin (mucous) layer, 2) an aqueous (watery) layer, and 3) a lipid (oily) layer. Where do these layers come from? 1) Goblet cells

on the conjunctiva (white part of the eye) play a crucial role in producing mucins; 2) the tear gland underneath the eyebrow produces watery tears; and 3) meibomian glands within the eyelids produce the lipid (oily component) of the tear film. All three components are necessary to have a comfortable eye and a quality tear film on the surface of the cornea that delivers crisp, clear, and consistent eyesight, without the tears evaporating too quickly.

- A watery eye is a dry eye. Sometimes a new patient who has worn contacts for many years tells us, “My eyes aren’t dry. They’re wet.” Paradoxically, a wet eye is a dry eye. How could this be the case? A discussion of cracked and dry lips can help illustrate this phenomenon. If your lips are dry they can become chapped with fine cracks. Licking is a natural reaction to temporarily alleviate lip dryness, but it doesn’t solve the issue. Dry eye syndrome can also lead to a *chapped eye*, where the front of your cornea has fine cracks on the surface. Like licking lips, the lacrimal gland (underneath your eyebrow) pumps excessive tears onto the eye to temporarily alleviate eye dryness, however these are low quality, watery tears that can spill over your cheek or evaporate rather than moisturize the eye. In treating dry eye before surgery, we don’t want the eye to be either dry or watery, just comfortable and clear.
- Sometimes dry eye is seen, not felt. Fine cracks on the surface of the cornea affect vision by scattering light, increasing halos and glare around lights, and creating a ghosting or drop shadow to the side of letters. Dryness also causes fluctuation in your vision. After a few blinks you may find a moment where the vision becomes clear because your tear film momentarily smooths over the fine cracks on your cornea. Within seconds however, watery tears evaporate since they don’t have a healthy mucous or oily layer associated with them, and your vision blurs again.
- What it means if artificial tears burn or sting. If your chapped lips are cracked enough, putting on lip balm can hurt. Likewise, if your eyes burn when using artificial tears, this can be a symptom of significant eye dryness.
- Unfortunately, contact lens wear degrades two of the critical components of the tear film. Contact lens wear damages goblet cells, which make the mucous part of the tears. Contact lens wear also damages meibomian glands, which make the oily part of the tears. This stress over time leads to atrophy and dropout of both goblet cells and meibomian glands, and is exacerbated by inflammation and friction from the lens rubbing on the surface of the eye daily. Without a healthy lipid or mucous layer to the tears, contact-lens induced dry eye is often accompanied by watery tears that evaporate. In addition, contact lenses can desensitize or deaden the nerves on the eye, so they don’t feel dryness over time.
- A concerning symptom. Chronic contact lens wear is one of the top contributors to dry eye because contact lenses act like a sponge, soaking up tears from the eye. For patients with mild contact lens dryness, their eyes become more comfortable if they can take a break from contact lens wear on the weekends and wear glasses. We occasionally run across a new patient, however, who says that while their eyes are generally dry, their eyes become more comfortable when wearing contacts. In this case, the contact lens wearer has progressed to a point where the eye is dependent on the contact to cover the chapped cracks of the eye, and the patient’s corneal nerves have potentially even been desensitized to severe dryness. If your eyes are so dry that contact lenses actually *take away* the dryness sensation, this is a symptom of severe dry eye.
- More healthy options. For these eye health reasons, we recommend glasses or vision correction surgery for patients. A recent national study sponsored by the US government showed that vision correction surgery is 3x more likely to cause dry eye symptoms to improve than it is to cause dry eye symptoms to worsen. Dr. Brinton’s site was one of five sites nationwide chosen to conduct this important study.
- If you have a history of dry eye, watery eye, or contact lens use, follow these recommendations:
  - Turn off bedroom fans. These can cause dryness on the surface of your eyes even if the fan is small, off to the side, or pointed away from you because circulating air dries out your eyes while sleeping. Studies show that many people sleep with their eyes slightly open. Alternatives to a bedroom fan include using a white noise machine/app for fan sounds, turning down the temperature on your thermostat if you are too warm, or using a humidifier with distilled water for the sensation of a breeze or circulating air.

- Take omega-3 fish or flax seed oil supplements. A common recommendation is to take either one or two pills twice a day with meals for a total of two to four pills per day. Check the instructions on your supplement bottle since pill size varies. One study showed improvement in eye comfort with 400 mg EPA and 200 mg DHA per day, and other studies have evaluated much larger doses. If fish oil leads to an unpleasant taste in your mouth, you may freeze the pills or take flax seed oil as an alternative. Obtain approval first from your primary care physician if you are on other medications.
- Allergy or sinus medications such as Zyrtec, Allegra, Claritin, Sudafed, etc. dry the eyes. Ideally, our patients would avoid these medications for the few days before and after their procedure. This is a recommendation only, though, and not a requirement, so if these medicines are important for your health, you may continue to take them even on the day of your procedure. Inhaled nasal steroid medications such as Flonase/fluticasone are fine, and patients who use them should continue this, including on surgery day.
- For eye allergies we prefer you use an over-the-counter drop such as Zaditor, Pataday, or Lastacraft twice a day rather than take a pill. These eye allergy medications can be used prior to and immediately after surgery.
- Use your preservative free artificial tears as instructed in the weeks after your surgery.
- Our average blink rate is around 16x/min, however one study showed that if we focus on a book, phone, or computer screen our blink rate decreases to an average of 4x/min. This is thought to be the cause of eye strain when using a computer.
- To reduce computer eyestrain, stay well hydrated, remind yourself to blink, use artificial tears, and follow the 20/20/20 rule – every 20 minutes take a 20 second break and look at least 20 feet away into the distance.

#### GENERAL EYECARE RECOMMENDATIONS FOR ALL INDIVIDUALS, WHETHER YOU WEAR GLASSES, CONTACTS, OR HAVE CORRECTIVE SURGERY

- Despite their popularity, blue light-blocking glasses probably don't do much to reduce eyestrain, help keep people alert, or improve sleep, according to a meta-analysis looking at 17 studies. Blue light-filtering lenses typically block only about 10% to 25% of blue light, and screens don't emit much anyway. Most of our blue light exposure comes from natural sunlight.
- Instead, protect the outside of your eyes by wearing UV-protecting sunglasses. Sunglasses labeled as blocking UVA and UVB will block 75% of UV rays; UV400 labeled sunglasses block nearly 100% of UV rays. Polarized lenses reduce glare from smooth and reflective surfaces, which can make the vision more comfortable, though there is no harm to the eye in not using polarized lenses. Non-prescription, UV-blocking, polarized sunglasses are available on Amazon.com in the \$10 range (last checked in May 2025).
- Take common sense measures to protect your eyes whether or not you have corrective eye surgery. General strategies include using appropriate protective eyewear when around someone operating a power tool, hammering metal on metal, repairing machinery, using power yard equipment (edger, trimmer, etc.), or playing sports that present a risk to the eye such as racquetball and squash.
- Don't rub your eyes (if you are curious why, ask one of our staff members to show you an MRI video of what happens inside your eye during eye rubbing). Instead, if your eyes itch, use an artificial tear drop, stretch the skin over the bones around your eye (with clean hands), or place a clean, cool washcloth over your eyes for relief.
- Some patients experience an increased awareness of floaters as they get older, and sometimes this can be more prominent after surgery.
- [for nearsighted patients] We can correct your nearsightedness but cannot remove the *nearsighted DNA* from your eye. In other words, our procedures do not take away your increased risk for retina health issues. We advise you to see an MD retina specialist in your city sometime between 3-12 months from now to establish care, whether you wear glasses or have corrective eye surgery. When you call, tell them you are nearsighted and that Brinton Vision recommends you have an exam with a

retina specialist to establish care. Your medical health insurance should cover this visit. For patients in the St. Louis area, we recommend:

- Retina Associates, [retinastl.com](http://retinastl.com), 314-872-8884
- The Retina Institute, [tri-stl.com](http://tri-stl.com), 314-367-1181

You may also search for MD retina specialists near your work/home by going to this website: [asrs.org/find-a-specialist](http://asrs.org/find-a-specialist).

- Retinal detachment is a rare type of eye emergency where a thin layer of tissue (the retina) at the back of the eye pulls away from its normal position, usually because of a tear in the retina. If a tear is detected early, treatment by a retina surgeon can prevent the retina from detaching. Any one of the following symptoms can warn of a retinal detachment, whether you wear glasses, contacts, or have corrective eye surgery: flashes of light in the vision; new floaters in the vision, including tiny specks that seem to drift through your field of vision, spots in the vision, a ring, lines, or a cobweb appearance in the vision; blurred vision; gradually reduced side (peripheral) vision; or a shade, shadow, or curtain coming up, down, or across the vision. These symptoms are painless, which leads some people to (mistakenly) ignore them. Retinal detachment is an emergency. At the first instance of these symptoms, you agree to promptly visit your eye doctor (or retina surgeon, preferably, if you have seen one). If unable to speak with a doctor, you agree to go to the emergency room.

#### HOW TO REACH US

- For routine logistical questions, email [info@brintonvision.com](mailto:info@brintonvision.com) during office hours M-F 8:00 AM - 5:00 PM. We reply to all messages within an hour. Questions received after 4:00 PM will receive a response on the next business day.
- While routine logistical questions are handled by email, medical questions are addressed by a doctor in person.
- Eye emergencies are handled by phone or in person, not by text or email. Symptoms of an eye emergency include increased eye pain, eye redness, or decreased vision. If you experience these symptoms during normal business hours, promptly come to our office. If outside normal business hours, call our doctors' **emergency cell phone at 636-459-6836**. Since we cannot diagnose medical conditions over the phone, Brinton Vision policy states that when a patient calls with a new eye concern, they are asked to come to our office promptly to be evaluated by a doctor. If you are unable to come in at the time of your call, we will offer you the choice of an early appointment before the start of the next clinic day or our next appointment at [brintonvision.com/postop](http://brintonvision.com/postop).

#### WHAT YOUR SURGERY FEE INCLUDES

- Your surgery fee covers your corrective eye surgery and any surgery-specific follow-up visits in our clinic for one year from the date of your original surgery.
- For most patients this includes a day one, month one, and month three postoperative visit. Some surgery types include a day four visit (PRK) or a week one visit (CLR and EVO). There is no one year postoperative visit for any surgery type.
- Everyone who lives long enough gets a cataract, or a clouding of the inner eye lens. At Brinton Vision, we do not charge for *cataract surgery itself*. If a patient is having their vision corrected by us with an intraocular lens implant, we will remove any cataract without charge as part of a *vision correction procedure*, Custom Lens Replacement / CLR. The purpose of CLR is to correct eye prescription and minimize or eliminate the need for prescription glasses. Whether or to what degree someone has a cataract is irrelevant since CLR will remove this anyway, preventing cataracts and the future vision loss that comes during cataract development.

#### WHAT YOUR SURGERY FEE DOES NOT INCLUDE

- Yearly dilated health of eye exams in our office are not included in surgery fees. Per American Academy of Ophthalmology guidelines, health of eye exams are necessary whether you wear glasses,

contacts, or have eye surgery. Some patients forget to have an eye exam after vision correction surgery because their vision is clear. Dilated health of eye exams can reduce the risk of vision loss from glaucoma, inflammation, retinal detachment, and other eye conditions that are not screened for on a routine postoperative exam.

- Your first annual eye exam should be performed one year from your original surgery date and then yearly thereafter. Doing a routine, yearly exam sooner than one year from your original surgery date is not necessary.
- We provide yearly dilated exams at Brinton Vision. Our annual exam fee is \$240, and these exams can be booked at [brintonvision.com/yearlyexam](http://brintonvision.com/yearlyexam). Alternatively, you may visit your established eye care provider for a dilated exam. In the unusual situation where a patient seeks postoperative care that extends beyond the one-year mark from their original surgery date, we will first require a \$240 health of eye exam in our office before continuing with subsequent visits.
- For example, let's say you are 48 years old and have EVO ICL surgery on July 15, 2025. In April of 2026, you are happy with your distance vision but decide that you want to have more near/reading power added to one of your eyes. Enhancement laser surgery would be performed at no charge before July 15, 2026. The first laser postoperative exam that falls after July 15, 2026, however, would be booked at the time of enhancement booking as a complete \$240 annual health of eye exam. This is similar to the situation where you see a dentist for regular teeth cleaning. If a year has passed since your last exam and x-rays, your dentist will ask you to pay for an exam first before another teeth cleaning is performed.
- We have an unconditional customer satisfaction guarantee on our \$240 Brinton Vision Ocular Analysis exam. If a patient is dissatisfied with their BVOA experience, they may request a refund in writing within 30 days of their BVOA via email to [info@brintonvision.com](mailto:info@brintonvision.com).
- We do not guarantee a specific surgery outcome. Using the words *guarantee* or *warranty* associated with any medical procedure or device is misleading and unethical. Vision in glasses or contacts cannot be guaranteed either.
- Your surgery fee does not cover eye care for conditions unrelated to your surgery, such as pink eye or trauma, or care provided outside of our clinic or by other doctors. Non-surgery related eye problem visits at Brinton Vision are \$120 and include one follow-up visit at no charge. These may be booked at: [brintonvision.com/eyeproblemvisit](http://brintonvision.com/eyeproblemvisit).

#### CUSTOMARY CLINIC, LASER, AND SURGERY FEES (subject to yearly revision)

- Annual Brinton Vision Ocular Analysis dilated eye exams, booked at [brintonvision.com/yearlyexam](http://brintonvision.com/yearlyexam) = \$240.
- Clinic visit for eye issue not directly related to surgery, booked at [brintonvision.com/eyeproblemvisit](http://brintonvision.com/eyeproblemvisit) = \$120.
- Permanent punctual plug placement = \$250 per eye.
- Laser enhancement of vision for eye that had surgery outside of Brinton Vision. \$1600 facility fee plus \$1600 surgeon fee for Dr. Brinton = \$3200 per eye.
- Laser enhancement of vision for eye that had surgery at Brinton Vision = \$1600 facility fee. Dr. Brinton does not charge a \$1600 surgeon fee for laser surgery when he has previously performed vision correction surgery on an eye at Brinton Vision.

#### FREQUENTLY ASKED QUESTIONS

*Q: Why do you recommend artificial tears that are preservative-free? Aren't my artificial tears in bottles good enough?*

A: Artificial tears are formulated and packaged in four different ways.

1) preservative-free artificial tears in single-use twist-top vials, like Refresh Plus, Systane Ultra preservative-free, Blink preservative-free, GenTeal preservative-free, and others

- 2) preservative-free artificial tears in specially engineered multi-dose bottles with a ball valve, like Optase, Systane Complete preservative free, Eyegonics, and others
- 3) regular artificial tears in a bottle, like Blink, Refresh, Systane, Retaine, Thera Tears, iVizia, Oasis, and many other store brand and generic options
- 4) bottled drops with active ingredient of naphazoline or tetrahydrozoline such as ClearEyes, Visine, Rohto, and other *get the red out* drops

Drops in categories one and two above are truly preservative-free and can be used as often as desired. The bottles in category two are specially designed to prevent air from coming back into the solution, so if you squeeze the bottle hard it will deform. Instead, treat the bottle like a pump by lightly pinching and massaging the bottle. Category three drops should not be used until two months after surgery. Bottled drops in category three above contain a preservative, usually benzalkonium chloride / BAK, to keep germs from entering the bottle, since there is no ball valve to prevent this. These also should not be used more than 4 times per day, since with high dose frequency the preservative can build up and irritate the eye. Once you are done taking your surgery drops as instructed you can switch to using a regular bottle of artificial tears in category three above as desired. Drops in category four above are not recommended for use at any time, other than once or twice a year for family photos or an important event. These drops have a rebound effect that makes eyes more red over time.

*Q: Why should I keep my eyes closed once you start giving me eye drops before surgery? It feels awkward to have my eyes closed when I'm sitting in your office and hearing your staff members come and go. I'm experiencing FOMO.*

A: On surgery day, we ask that you keep your eyes closed and not read on your cell phone more than necessary; the air filtration system in our office and the drops we give can dry out your eyes. This can slow your recovery process in the first 24 hours and make your eyes more irritated after surgery. Cell phone use decreases our normal blink rate, so this compounds the problem. Plan to listen to a podcast or audiobook, listen to music, or just relax, all with your eyes closed. You will hear our staff members coming and going. They will address you by name if they have a question for you or are ready to take you into surgery.

*Q: Why am I here for three hours on surgery day? Doesn't my surgery take 15 minutes?*

A: During your three-hour procedure block, you will have 60-90 minutes of downtime as we accomplish a variety of preparatory tasks. These include scanning/processing your paperwork, calibrating lasers, answering questions that you might have, calling an eye doctor you have seen, running calculations, using medical artificial intelligence programs to evaluate your surgery day testing, giving time for your eye drops to soak in, or waiting for the patient before you to complete a step. For some surgeries, a wide and complete pupil dilation is required, which can take over an hour. For some patients we will want to allow more time, sometimes up to 90 minutes, for a relaxing medicine to take effect. Whether or not extra time is needed in your specific case, it is built into our schedule so that when these steps are needed, we have adequate preparation time to provide a safe and comfortable surgery. Plan to pass this down time *with your eyes closed* while we work behind the scenes to provide a successful experience to each of our patients.

*Q: I didn't feel anything when you put drops in my eyes. Are you sure they went in?*

A: Your eye will be completely numbed with drops, so if we give extra drops it's common to not feel anything or feel like we missed. Our staff is trained to ensure that drops reach your eye. If you don't feel anything, this is good.

*Q: Why did my second eye surgery feel different than my first? Wasn't it the same process?*

A: Patients having surgery on both eyes should expect that the second eye surgery will feel different than the first eye surgery. The surgeries are independent, and we process experiences differently on the first vs. the second time around. Even if the surgeries are performed identically, you will feel that they are different.

## SPECIFIC PROCEDURE INSTRUCTIONS – CUSTOM LENS REPLACEMENT (CLR)

- Juniper Pharmacy will mail your eye drops and medications to your home or work address in a sealed package, or you may arrange to pick up your package from Juniper.
- Carefully read your Medication Instructions, included in this document. Your medication instructions will indicate which of these scenarios applies to you:
- Most CLR patients start eye drops only after surgery.
- CLR *extended regimen* patients take the eye drop Prolensa once a day at bedtime starting a week before surgery.
- If you have acetazolamide pills inside your medication package, take one pill the night before and one pill the morning of surgery. If you forget either of these doses, we can give you a full dose when you arrive in our office. Common side effects of this pill include temporary tingling of fingers/toes and a flat taste to carbonation.
- If you don't have to start drops or pills in advance, leave this package sealed.
- Most patients have CLR surgery in both eyes, however in limited circumstances only one eye may need to have CLR. This will be communicated by your Brinton Vision doctor if this is the case. Patients having CLR in both eyes will receive two separate email confirmations, one for the first eye and one for the second eye. Plan to arrive at the time of your first eye email confirmation. The second eye email confirmation in this case is to provide you with a receipt and for internal office purposes to ensure plenty of time on the surgery schedule.
- You may notice flickering of lights when eyes are open, a blurred “crescent moon” toward the outer edge of your vision (called *negative dysphotopsia*), fogginess, and some soreness following the procedure.
- You will develop a layer of cells over the back of the lens implant somewhere between 3 months to 33 years after surgery. This can be removed with a quick and painless YAG laser procedure in our office. If this occurs within the first year following your treatment, we will cover the fees under your surgery payment. If the film begins affecting your vision later in life, more than a year after your procedure, we can still remove it. Our current YAG laser fees are: \$350 facility fee and \$350 surgeon fee = \$700 per eye. The YAG surgeon fee is waived for patients where lens replacement surgery was performed at Brinton Vision, so only the \$350 facility fee would apply. Our fees are subject to yearly revision.

## SPECIFIC PROCEDURE INSTRUCTIONS – LENS PROCEDURES

- If after leaving our office you experience a new or worsening feeling of pressure in/around your eye, nausea, decreased vision, or pain not relieved with an over-the-counter medication, return to our office promptly.
- We use more powerful dilating drops on your procedure day that can take 60-90 minutes to fully work to prepare your eyes for surgery.
- Prior to the conclusion of your procedure, Dr. Brinton commonly uses a medicine (Miostat) to return your dilated pupil size back to normal. For some people, this causes a temporary tightness or pressure sensation in their sinuses and brow right after surgery, and one or both pupils may appear smaller. As the medicine wears off, usually over a few days, the pupil changes go away and vision settles into a natural place.
- It is normal to have large areas of redness on the white of the eye following your treatment. This does not affect eye healing or vision. The redness will typically resolve within 2-3 weeks.
- For one week, use eye shields while sleeping. Tape the eye shield securely over the eye with tape running from the center of your forehead, across the eye shield, to the outside part of your cheek.
- For one week, avoid doing bench press, deadlift, or other heavy weightlifting that can make your face red or neck veins bulge.
- Light-to-moderate physical activity done with proper technique is fine. This includes jogging, biking, golfing, picking up a young child, or placing a carry-on bag in the overhead compartment of a plane.
- After one week, you may ease back into full normal activity.

- You are welcome to drive yourself to our office the next morning so long as you feel comfortable behind the wheel.
- Postoperative appointments for CLR and EVO are at day one, week one, month one, and month three after your procedure.

<div data-bbox="168 409 279 516"></div> <div data-bbox="285 422 643 506"> <b>BRINTON</b>          — V I S I O N —       </div> <div data-bbox="691 392 800 535">         SCAN TO            SCHEDULE       </div> <div data-bbox="336 590 623 627"> <b>Routine questions</b> </div> <div data-bbox="193 651 769 690">         Scheduling ..... <a href="http://brintonvision.com/postop">brintonvision.com/postop</a> </div> <div data-bbox="193 693 769 732">         Email ..... <a href="mailto:info@brintonvision.com">info@brintonvision.com</a> </div> <div data-bbox="193 760 704 791">         *emails answered within one hour M-F 8-4       </div> <div data-bbox="305 837 654 875"> <b>Urgent medical issues</b> </div> <div data-bbox="193 882 769 919">         Clinic (M-F 8-5) ..... <b>314-375-2020</b> </div> <div data-bbox="193 924 769 963">         Emergency doctor (after hours) ..... <b>636-459-6836</b> </div> <div data-bbox="193 1016 769 1050">         555 N New Ballas Road, St. Louis, MO 63141       </div>	<div data-bbox="893 413 1391 451"> <b><u>Common side effects for patients</u></b> </div> <div data-bbox="844 464 1370 617"> <ul style="list-style-type: none"> <li>- Halos / glare / ghosting (100%)</li> <li>- Dry / sensitive / light-sensitive eyes (100%)</li> <li>- Over / under response requiring enhancement surgery after full 3m   6m healing (14%)</li> </ul> </div> <div data-bbox="917 659 1364 697"> <b><u>Other important information</u></b> </div> <div data-bbox="844 716 1450 1033"> <ul style="list-style-type: none"> <li>- Surgery and one year of surgery-specific follow-up at Brinton Vision is included.</li> <li>- Clinic visits unrelated to surgery and any clinic visit after _____ (one year from your original surgery date) requires payment of \$120.00 at booking.</li> <li>- Patients are required to have yearly dilated eye exams. These are not considered surgery-specific follow-up and require payment of \$240.00 at time of booking.</li> </ul> </div>
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## MEDICATION INSTRUCTIONS

### ☐ SBK

- 1) Ofloxacin 0.3% ophth solution, qty 5ml, refills 1, sig instill 1 drop into surgical eye(s) 4x/day x1wk, then stop.
- 2) Prednisolone 1% ophth susp, qty 5ml, refills 1, sig shake bottle, instill 1 drop into surgical eye(s) 4x/day x1wk, then stop.
- 3) Refresh plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) every two hours while awake for two months, then use as needed. Allowed substitution - Optase PF, Systane Complete PF, or Eyeganics. Same dosing instructions.
- 4) Sunglasses, case.

### ☐ PRK

- 1) Ofloxacin 0.3% ophth solution, qty 5ml, refills 1, sig instill 1 drop into surgical eye(s) 4x/day x1wk, then stop.
  - 2) Prednisolone 1% ophth susp, qty 5ml, refills 1, sig shake bottle, instill 1 drop into surgical eye(s) 4x/day x1wk, 3x/day x1wk, 2x/day x1wk, 1x/day x1wk, then stop.
  - 3) Vitamin C 1000mg tablets, qty 365, sig take one tablet by mouth once a day for one year.
  - 4) Percocet 5/325, take 1-2 tabs with food every 6hrs as needed for pain, do not take with Tylenol. Dispense eighteen tabs (18). Take no more than eight (8) per day. Recommend stool softener.
  - 5) Refresh plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) every two hours while awake for two months, then use as needed. Allowed substitution - Optase PF, Systane Complete PF, or Eyeganics. Same dosing instructions.
  - 6) Sunglasses, case.
- ☐ Fill only if marked Flurbiprofen 0.03% ophth solution, qty 2.5ml, refills 1, sig instill 1 drop into surgical eye(s) 4x/day x1 week, then stop.

### ☐ EVO

- 1) Ofloxacin 0.3% ophth solution, qty 5ml, refills 1, sig instill 1 drop into surgical eye(s) 4x/day x1wk, then stop.
- 2) Prednisolone 1% ophth susp, qty 5ml, refills 1, sig shake bottle, instill 1 drop into surgical eye(s) 4x/day x1wk, then stop.
- 3) Refresh plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) 4x/day x4wks, then use as needed. Allowed substitution - Optase PF, Systane Complete PF, or Eyeganics. Same dosing instructions.
- 4) Two eye shields, tape, sunglasses, case. Tape eye shields over surgical eye(s) while sleeping for one week.

### ☐ CLR

- 1) Ofloxacin 0.3% ophth solution, qty 5ml, refills 1, sig instill 1 drop into surgical eye(s) 4x/day x1wk, then stop.
  - 2) Prednisolone 1% ophth susp, qty 15ml, refills 1, sig shake bottle, instill 1 drop into surgical eye(s) 4x/day x1wk, 3x/day x1wk, 2x/day x1wk, 1x/day x1wk, then stop.
  - 3) Bromsite 0.075% ophth solution, qty 5ml or Prolensa 0.07% ophth solution, qty 3ml, refills 1, sig instill 1 drop into surgical eye(s) at bedtime x4 wks, then stop.
  - 4) Refresh Plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) 4x/day x4wks, then use as needed. Allowed substitution - Optase PF, Systane Complete PF, or Eyeganics. Same dosing instructions.
  - 5) Two eye shields, tape, sunglasses, case. Tape eye shields over surgical eye(s) while sleeping for one week.
- ☐ Fill only if marked acetazolamide extended release 500 mg tablets, qty 2 | 4 tabs, refills 0, sig take one tablet by mouth the night prior to surgery, then one tablet by mouth the morning of surgery.

### ☐ CLR extended regimen (for autoimmune disease, diabetes, epiretinal membrane, history of uveitis)

- 1) Ofloxacin 0.3% ophth solution, qty 5ml, refills 1, sig instill 1 drop into surgical eye(s) 4x/day x1wk, then stop.
  - 2) Difluprednate 0.05% ophth emulsion, qty 15ml, refills 1, sig instill 1 drop into surgical eye(s) 4x/day x2wks, 3x/day x2wks, 2x/day x2wks, 1x/day x2wks, then stop.
  - 3) Bromsite 0.075% ophth solution, qty 10ml or Prolensa 0.07% ophth solution, qty 6ml, refills 1, sig instill 1 drop into surgical eye(s) at bedtime x9 wks, then stop. Begin 1-7 days prior to surgery date.
  - 4) Timolol 0.5% ophthalmic drops, qty 15ml, refills 1, sig instill 1 drop into surgical eye(s) 2x/day x8wks, then stop.
  - 5) Refresh Plus 0.5% artificial tears, qty 100 vials, refill as needed, sig instill 1 drop into surgical eye(s) 4x/day x4wks, then use as needed. Allowed substitution - Optase PF, Systane Complete PF, or Eyeganics. Same dosing instructions.
  - 6) Two eye shields tape, sunglasses, case. Tape eye shields over surgical eye(s) while sleeping for one week.
- ☐ Fill only if marked acetazolamide extended release 500 mg tablets, qty 2 | 4 tabs, refills 0, sig take one tablet by mouth the night prior to surgery, then one tablet by mouth the morning of surgery.

Boxes that are greyed out don't apply to your care

Patient statement: I have carefully read and understood these Treatment Instructions, and I agree to follow them. I have had an opportunity to ask questions of a Brinton Vision doctor and the doctor has answered these questions to my satisfaction.

By initialing here, I acknowledge I have read, understand, and agree with the information on this page:



## INFORMED CONSENT FORM

**THIS DOCUMENT CONTAINS IMPORTANT INFORMATION ABOUT YOUR CUSTOM LENS REPLACEMENT SURGERY; PLEASE READ IT CAREFULLY BEFORE YOU SIGN IT.**

You are entitled to receive information about the Custom Lens Replacement (CLR) procedure you intend to undergo with Dr. Jason Brinton at Brinton Vision, whether it be for myopia (nearsightedness), hyperopia (farsightedness), astigmatism, and/or presbyopia (the need for near-vision glasses due to age-related loss of flexibility in the eye's natural lens, impairing its ability to change shape and focus clearly from far to near objects). It is important that you understand the risks of the treatment and lens options and carefully weigh the alternatives prior to having CLR surgery.

Patient  
Initials

If you have any questions regarding your procedure, please discuss them fully with your doctor prior to surgery. You may also want to seek a second opinion before undergoing this procedure. Whether or not you have CLR, you should continue to have a yearly comprehensive eye exam with dilated pupils to maintain eye health.

### PROCEDURE AND IOL OPTIONS

The eye's focusing system is comprised of two lenses – one is fixed (the cornea, where LASIK is performed) and one is flexible (the crystalline lens, beneath the surface of the eye, where CLR is performed). In your forties, the crystalline lens gradually loses flexibility and function as it goes through predictable aging changes, which are divided into the three stages of *Dysfunctional Lens Syndrome* or DLS (ages are approximate).

- 1) DLS Stage 1, age 40+. The crystalline lens begins to stiffen and harden, leading to a loss of focusing power, near vision changes, and need for reading glasses.
- 2) DLS Stage 2, age 50+. The inner portion of the crystalline lens further degrades and discolors, causing reduced contrast and night vision.
- 3) DLS Stage 3, age 70+. The inner portion of the crystalline lens clouds over, leading to significant vision loss and in some cases, visual disability. At Stage 3, the clouded inner portion of the crystalline lens is referred to as a cataract. Cataracts are a normal part of the aging process of the eye; everyone who lives long enough will get a cataract.

In Custom Lens Replacement (CLR), the eye is numbed with drops. An opening (incision) is made to the side of the cornea. The inner portion of the crystalline lens – what stiffens and hardens in Stage 1, degrades and discolors in Stage 2, and eventually clouds over, leading to significant vision loss in Stage 3 – is separated, emulsified by ultrasound (*phacoemulsification*), and rinsed from the eye. A clear intraocular lens implant (IOL) made of silicone or acrylic material is placed in the eye. The inner IOL and natural outer portion of the lens (capsule) join together, providing power to meet the eye's focusing needs and eliminating future cataract development.

Dr. Brinton selects IOLs for implant based on your medical history, diagnostic testing, and vision goals. Monofocal (single focus) IOL options provide the highest quality of vision but will focus only for far vision or near vision, not both. Multifocal (far and near), extended depth of focus, and other similar IOL options provide a greater range of vision but compromise vision quality.

### PATIENT ACKNOWLEDGEMENTS

I acknowledge, understand, and agree, by my initials and signatures below, to the following:

#### 1. BENEFITS AND OUTCOME NOT GUARANTEED.

The benefits of CLR procedures cannot be guaranteed. The goal of CLR is to reduce or eliminate blurred vision from myopia, hyperopia, presbyopia, astigmatism, or a combination of those. There are no guarantees that I will completely eliminate my reliance on eyeglasses and/or contact lenses or that my eyesight will be improved at all.

Patient  
Initials

#### 2. SURGICAL RISKS AND POSSIBLE SIDE EFFECTS:

**OVER-RESPONSE OR UNDER-RESPONSE TO TREATMENT.** It is possible that my treatment could result in an unintended under-response or over-response that may require the continued use of glasses or contact lenses after my surgery has been performed.

By initialing here, I acknowledge I have read, understand, and agree with the information on this page:

**CHANGE IN OR INDUCING ASTIGMATISM.** The surgical procedure I am undergoing may also change my astigmatism or induce astigmatism even if I did not have astigmatism prior to the procedure.

**INFECTION OR INFLAMMATION.** Although infrequent, I understand another risk is the possibility of infection or inflammation during healing of the eye. In rare circumstances this or another complication may result in loss of vision, loss of eye, or death. I understand that to achieve good results from the procedure, I must follow my doctor's recommendations regarding postoperative antibiotic eye drops and other medications, activities, and restrictions, and attend all scheduled postoperative visits.

Patient  
Initials

**NIGHT GLARE.** I may experience night glare, such as a *starburst*, a *halo effect*, or haze around lights in the nighttime. Some degree of night glare can be expected in all patients. It usually is tolerable and resolves in time, but on occasion could be permanent. Patients with high myopia, high astigmatism, high hyperopia, or large pupils are at a greater risk of experiencing these problems on a permanent basis. Dry eyes, multifocal IOLs, and over or under response may also increase night glare.

Patient  
Initials

**NIGHT VISION.** Vision may not seem as sharp at night as during the day. In some cases, corrective lenses may help me see more clearly at night, particularly with monovision. Corrective lenses may not be able to compensate for some loss of night vision.

**INCREASED SENSITIVITY.** There may be an increased sensitivity to light or glare.

**BLURRINESS.** Blurriness is common in the healing process. While blurriness generally clears in several days, it may take longer to clear, and could remain permanently.

**LOSS OF BEST-CORRECTED VISUAL ACUITY.** I understand there is a risk of loss of the best vision I can get with the assistance of corrective lenses, also known as my *best corrected visual acuity*. For most patients, visual acuity will have stabilized in about 3 months following their procedure, although neuroadaptation (brain adjusting to the new vision) can take longer. A small percentage of patients develop irregular corneas that reduce the sharpness, clarity and crispness of their vision. I understand that if this happens, I may not be able to read the last few lines of the eye chart, regardless of corrective lens assistance.

Patient  
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**POSTERIOR CAPSULAR OPACIFICATION (PCO).** All lens implants develop PCO sometime between 3 months and 33 years after lens replacement surgery when natural cells in the eye obscure the clarity of the IOL. When this happens, I understand that I will need a YAG laser procedure to restore visual clarity.

**READING GLASSES.** I understand that if I have CLR to correct both eyes for distance vision, I will need reading glasses in order to see objects approximately 3 feet and closer. I understand that Monovision and multifocal IOLs, like reading glasses, are among several treatments for Presbyopia.

**DRYNESS.** I may experience dryness of my eyes and this dryness may cause severe irritation, discomfort, and blurring of vision for several weeks, or longer, and in some cases could be permanent. I understand that if this happens I may need to use artificial tears, eye ointments, prescription medication, or punctal plugs for an indefinite period of time. Post-menopausal women are at higher risk for developing dry eyes. Some medications may also cause dry eyes.

Patient  
Initials

**DOUBLE VISION.** I may experience double or ghosted vision, which may or may not go away with time. If it does not go away, I may need re-treatments, glasses or rigid contact lenses after my procedure, which may or may not help this issue.

**FURTHER TREATMENT.** I understand that further treatment may be necessary. Further treatment could include a variety of eye drops, the wearing of glasses and/or contact lenses (hard or soft), exchange of my IOL for a different IOL, or additional eye surgery or laser correction. Follow-up visits will be required. If I do not follow my doctor's orders regarding follow-up care, I may be jeopardizing the healing process or long-term health of my eye(s).

**RISK TO BOTH EYES.** If I have both eyes treated on the same day, complications could develop in both eyes at the same time. As a patient, it is my choice for treatment of one eye at a time or both eyes on the same day.

Patient  
Initials

**CONVERSION TO MONOFOCAL IOL.** Even if a multifocal IOL is planned, Dr. Brinton may determine during my procedure that implanting a monofocal IOL targeted for monovision is in my best interest due to my eye anatomy or other factors.

**OTHER COMPLICATIONS.** Eye complications of CLR surgery may include hemorrhage (bleeding); rent of the capsule that supports the IOL; vitreous loss; swelling of the cornea, sometimes requiring corneal transplant; cystoid macular edema or swelling of the retina; retained crystalline lens material in the eye; dislocation of the IOL; incision leak; decreased function or altered shape of the iris; detachment of the retina, which is an increased risk for highly myopic (nearsighted) patients; nanophthalmic choroidal effusion, which is an increased risk for highly hyperopic (farsighted) patients; painful eye; miosis (floaters); droopy eyelid; and glaucoma. As with all types of surgery, there is a possibility I may experience the complications above or other complications, including those due to anesthesia or drug reactions that may involve other parts of the

Patient  
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body. I have discussed this possibility with my doctor and the staff and understand that it is impossible to be informed of all potential risks of any surgery, including CLR procedures. I have provided my surgeon and the staff with complete and up-to-date information regarding prescription and over-the-counter medications I take, any drug allergies and my pre-existing medical conditions, including prior surgeries, degenerative conditions, active or pre-existing eye disorders and any previous eye treatments. I understand that postoperative complications may occur that require additional medical care, treatments, tests, medicines or surgery and this care or surgery will be at my expense.

**3. CONTRAINDICATIONS.** *Treatment may not be indicated in every person. The situations in which treatment may be contraindicated include the following:*

**Contraindications\*:**

- Certain abnormalities of the cornea (e.g., keratoconus or other corneal ectasias, thinning, edema, interstitial or neurotrophic keratitis, extensive vascularization)
- Uncontrolled glaucoma
- Uncontrolled external disease (e.g., blepharitis, dry eye, atopy/allergy)
- Uncontrolled autoimmune or other immune-mediated disease
- Unrealistic patient expectations

**Relative Contraindications\* - those conditions that are evaluated individually by the doctor and include the patient's history, current clinical situation and pre-existing health conditions. I understand that the following factors may increase my risk of complications:**

- Functional monocularity
- Ocular conditions that limit visual function
- Excessively steep or flat corneas
- Abnormal corneal topography indicating suspect keratoconus
- Significant irregular astigmatism
- Visually significant corneal stromal or endothelial dystrophies
- History of herpes simplex virus (HSV) or varicella zoster virus (VZV) keratitis
- Inadequately controlled dry eye
- Glaucoma
- History of uveitis
- Diabetes mellitus
- Pregnancy or lactation
- Autoimmune or other immune-mediated diseases
- Certain systemic medications (e.g., isotretinoin, amiodarone, sumatriptan, levonorgestrel implants, colchicine)

**Other Possible Contraindications - These conditions are patient-specific and should be addressed individually with your surgeon. I understand that these conditions or situations may increase my risk of complications.**

- Corneal stromal or endothelial dystrophies
- Poor epithelial adherence, epithelial basement membrane dystrophy, or recurrent erosion syndrome
- Dry eye syndrome - includes, but is not limited to, the rare patient who has dry eyes without contact lenses and must use artificial tears daily. (Patients with difficulty wearing contact lenses due to dry eye should inform their surgeon.)
- Prior incisional or lamellar keratorefractive surgery
- Use of anti-depressants
- Significant occupational or recreational risk for eye trauma
- History of severe eye infection or active eye infection

By initialing here, I acknowledge I have read, understand, and agree with the information on this page:

Patient  
Initials

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Initials

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Initials

- High refractive errors (high myopia, high hyperopia, or high astigmatism)
- Very thick corneas may indicate the presence of Fuchs Endothelial Dystrophy and may require corneal transplants
- Occupations with specific vision requirements

#### 4. FDA APPROVAL.

All IOLs were approved for use in patients with cataracts. In consultation with my doctor, I understand that IOLs may be implanted outside of the FDA guidelines, including when treatment may be otherwise contraindicated, as explained above. IOL implantation for the correction of eye prescription, rather than for the correction of cataract, is considered an *off-label* use of an IOL. This is routinely done both internationally and in the United States.

#### 5. FDA APPROVAL FOR MEDICATIONS.

In consultation with my doctor, medications such as antibiotics and steroid eye drops may be used and prescribed in a regimen not approved by the FDA in order to help reduce the risk of infections, swelling or other complications. This is routinely done both internationally and in the United States.

#### 6. COMMUNICATION AND MEDICAL DATA.

My physicians, medical technicians, and other health care personnel involved in performing my surgery and in providing my medical care may share with one another, by regular email, text, phone, voicemail, or postal mail, any information relating to my health, vision, or vision correction procedure. I understand that my eye and health information will be entered into an electronic medical record database system. My physician may use this database to analyze preoperative and postoperative information and aid in the development of optimized outcomes. I give permission for medical data concerning my operation and subsequent treatment to be used in clinical teaching.

### PATIENT TREATMENT STATEMENT

#### CHECK ALL APPROPRIATE BOXES:

- ☐ I have MYOPIA (nearsightedness) or HYPEROPIA (farsightedness), with or without astigmatism, which requires me to wear corrective lenses in order to see clearly for my daily activities. I have been informed of the alternatives to undergoing the surgical option I have chosen, including eyeglasses, contact lenses, and other types of refractive surgery.
- ☐ I have PRESBYOPIA (the need for near-vision glasses due to age-related loss of flexibility in the eye's natural lens, impairing its ability to change shape and focus clearly from far to near objects). I have been informed of the alternatives to undergoing the surgical option I have chosen, including eyeglasses, contact lenses, and other types of refractive surgery.
- ☐ I have elected to undergo and give permission for the following procedure(s) to be performed on me:

#### Primary Treatment:

Right Eye (OD): ☐ Custom Lens Replacement

Left Eye (OS): ☐ Custom Lens Replacement

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Patient Name (Please Type or Print)

Date

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Patient Signature

Physician Signature

# PATIENT STATEMENT OF INFORMED CONSENT

I have carefully read this Informed Consent document (or it has been read to me) and I understand the information presented in it.

I have been given adequate time to thoroughly review and understand this Informed Consent prior to my procedure(s) and acknowledge that although these documents contain medical terms, I fully understand all the potential risks and complications discussed in this Informed Consent, including but not limited to those I may have failed to specifically initial. If English is not my preferred language for discussion of medical information, Brinton Vision has offered me the services of a professional medical interpreter. I understand that there are alternatives to all surgical procedures, including the option of not having surgery, and these alternatives have been explained to me in detail. I understand that if I choose not to have surgery my condition is expected to stay the same or slowly progress as I age. I understand that my risk of complications may be increased with a retreatment procedure, now or in the future. I understand that it is not possible for my doctor to inform me of every conceivable complication that may occur during my procedure. I have had the opportunity to have all my questions answered regarding the procedure, its risks and my other options. I have made my decision without threat or coercion of any kind. I am satisfied and ready to proceed with the procedure.

I have been given the opportunity to meet with my surgeon, Dr. Brinton, in addition to my examining doctor prior to the procedure if I so request.

If I have selected a monovision treatment, I have been given the opportunity to experience a *contact lens trial* of monovision prior to the procedure if I so request.

I consent to the administration of anesthesia and other medications as recommended by Dr. Brinton and understand that certain risks attend all anesthetics and medications. I understand and accept the risks and potential complications associated with the procedure (including but not limited to any contraindications I may have to achieving a successful outcome) and understand that my doctor may be treating me beyond the FDA-approved guidelines for the IOL or medications being used. I agree to arrange for someone to drive me home after my procedure and to refrain from driving myself until I am certain that my day and night vision are adequate.

I authorize any assistants and observers approved by my surgeon to be present during my procedure and I understand that I may be video recorded or photographed and included in online marketing materials. I have been given the opportunity to receive a copy of my signed Informed Consent document if I so request.

**I understand that my surgeon and the staff must rely on statements and information I have provided to him regarding my family, eye and medical history, current eye and medical conditions, and current prescription and non-prescription drugs, and I hereby certify that all information I have provided is complete, true and correct. I understand that if I withhold information, I may have a higher risk of complications or even have an inappropriate treatment. Neither Dr. Brinton nor any of his employees or representatives have made oral statements to me that are inconsistent with the information stated in this Informed Consent. I hereby attest that I am of sound mind and am not under the effects of any medication which may impair my ability to consent to the procedures explained herein.**

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Patient Signature

Date

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Patient Name (Please Type or Print)

Date of Birth

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Examining Doctor Signature

Date

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Physician Signature

Date

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Witness Signature

Date

— for office use only —

Before giving a sedative medication or walking the patient to the laser room,  
I have individually verified that this consent form is complete and accurate.

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medical technician

