

# Premium Lens Surgery or *Standard Cataract Surgery*

Choice

You have a choice of the type of cataract/lens surgery that better meets your needs:

- (1) **Premium Lens Surgery (which reduces your need for glasses) or**
- (2) **Standard Cataract Surgery (which does not reduce your need for glasses.)**

(1) **Premium Lens Surgery** is a combination of the techniques of cataract/lens, and refractive surgery for improved **vision without glasses** after surgery. Medicare and all other health insurance plans will not pay for the added costs of **Premium Lens Surgery**. The additional fees for **Premium Lens Surgery** are solely the patient's responsibility.

(2) **Standard Cataract Surgery** is the technique of cataract surgery for improved vision with glasses after surgery, typically bifocals or progressive lenses. **Standard Cataract Surgery** and the glasses prescribed after surgery are usually covered by insurance.

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**Please choose only ONE of the following two options:**

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(1)  **Premium Lens Surgery**  
 ReSTOR    Crystalens    Toric

I authorize Dr. Davidson to proceed with **Premium Lens Surgery**. **I wish to reduce my need for glasses after surgery.** I am aware that Medicare and private health insurance plans do not cover the additional costs of **Premium Lens Surgery**. I agree to be personally responsible for full payment prior to surgery.

X \_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

(2)  **Standard Cataract Surgery**

I authorize Dr. Davidson to proceed with **Standard Cataract Surgery**.

I understand that by declining the option of Premium Lens Surgery, I am prepared to wear glasses at all times for all activities even if I do not need to wear glasses sometimes now.

X \_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness