Natural Lens Changes Within The Eye: Presbyopia And Cataracts

Presbyopia normally increases as you age, and so your near vision will change. Because we account for this change, your monovision laser vision correction should provide you with functional vision for most of your up close activities for many years. Our goal with monovision laser vision correction is to provide you with the best possible vision with the least amount of dependence on glasses.

PAT pro	FIENT MONOVISION STAT cedure. This is typically du	FEMENT: I understa e to presbyopia and	nd that if I have both eyes treated fo usually begins sometime after the a	r distance vision, I will need reading glasses after my lase ge of 40.	r vision correction		
	Right Eye:	☐ Near	☐ Distance				
	Left Eye:	☐ Near	Distance				
	do NOT want monovision. I want both eyes focused for distance. I understand that today after the treatment, if I am older than 40 years of age, will need reading glasses for near vision, including computer work and reading.				of age,		
By s you	igning below you are ind have indicated above yo	dicating that you u ur decision regardi	nderstand that you may still deve ing monovision.	op presbyopia even after undergoing Laser Vision Cor	rection and that		
Patient's Signature				Date:	Date:		
Typic glass and s help Laser	slow to have an impact on guide you in deciding if la	your vision, and lass ser vision correction impact the rate of ca	act removal procedure is required. Ea er vision correction can still provide y is appropriate, or if you should seek	at it may not transmit light clearly. Cataracts cannot be co rly cataracts that are not in the field of vision are typically ou with good vision for an extended period of time. Your counsel for cataract removal. n correction is performed on the cornea (front surface) of	slow to develop eye doctor will		
By sig your	gning below you are indica vision may change becaus	ating that you under e of cataracts and ca	stand that you may still develop cata staract removal surgery may be nece	racts even after undergoing Laser Vision Correction and tosary.	nat in the future		
Patie	nt's Name (Please Type or	Print)		Patient's Date of Birth	TO PARTICULAR STATE OF THE PARTICULAR STATE OF THE STATE		
				ranches bate of biltin			
Patier	nt's Signature			Date:			
				Date:			
Physic	cian's Signature			vate.			

