



ABELLEYES

Refractive Solutions

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Print your name: _____ Date: _____

The following questions cover important information contained in the video presentation. Please circle the correct answer. If you need more time to answer a question than the video presentation allows, skip that question and return to it when the program is over.

1. TRUE or FALSE: LASIK/ASA will permanently change the shape of my cornea.
2. TRUE or FALSE: There are no guarantees as to exactly how well I will see after the procedure.
3. TRUE or FALSE: I may experience vision side effects such as haze, glare, halos, light sensitivity, and dryness of the eyes that may not go away completely.
4. TRUE or FALSE: All eyes are capable of seeing 20/20 or better.
5. TRUE or FALSE: After the procedure, follow-up visits are not important.
6. TRUE or FALSE: It is possible that another procedure may be necessary after the initial procedure to obtain the best level of vision correction.
7. TRUE or FALSE: It is possible I may need to wear glasses or contacts or LASIK/ASA could cause loss of vision.
8. TRUE or FALSE: I may experience mild to moderate discomfort for several days after the procedure.
9. TRUE or FALSE: LASIK/ASA will eliminate the need for reading glasses when I am over 40 years of age.

ANSWERS:

1. TRUE
2. TRUE
3. TRUE
4. FALSE
5. FALSE
6. TRUE
7. TRUE
8. TRUE
9. FALSE

Use this space to write any questions or concerns you still wish to ask the doctor or a staff member:

If you have no further questions, please initial here: _____