

Monovision Form

Monovision has been explained to me and I understand that my dominant eye will be corrected for distance and my non-dominant eye will be corrected for reading, as indicated by my LASIK pre-operative exam and discussion with the physician.

Please indicate your vision correction preference below by initialing next to your preference and signing below.

_____ YES, I want monovision.

_____ NO, I do not want monovision.

Patient Signature _____ Date _____

Witness Signature _____ Date _____

General Liability Contract

In signing this form, you are stating that you have undergone an audio/video review/consent tape/DVD and had a discussion of surgical risks and benefits with the staff and physician wherein you have had the opportunity to ask questions and had them answered to your satisfaction. Further, you are agreeing to specific liability resolution as noted below.

BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION; AND, YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.

Patient Signature _____ Date _____

Witness Signature _____ Date _____

Surgeon Signature _____ Date _____