The Guide to Comanaging LASIK Patients

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www.ClearAdvantageLaser.com

Greetings

Dear Doctor:

The field of refractive surgery is well established in the United States. By now, everyone who wears contact lenses or glasses has heard about LASIK or knows someone that has already undergone such a procedure. In this, all eye care providers must be equipped to address this growing interest in refractive surgery and decide if they want to participate in this exciting arena of eye care.

Clear Advantage's program of sharing in the care of refractive surgery patients is designed on an individual basis. You, the Primary Eye Care Provider, decide on the nature of our arrangement. We also offer a 7-credit Grand Rounds program encompassing Pre-operative assessments, LASIK surgery and 1-day post-operative care . We encourage a close dialogue with us in person, via email or over the phone in order to assure that our shared patients receive the highest quality of care.

At Clear Advantage, we make every effort to reinforce your role as the Primary Eye Care Provider. We have prepared this information as an educational resource to assist you in the preoperative and postoperative care of our shared patients. As with any surgical procedure, the key to success is proper patient selection, a comprehensive initial evaluation, rigorous informed consent, surgical expertise and careful follow-up. Clear Advantage offers you this guide as well as the ever-available guidance of our doctors, optometrists and staff as a tool to build the strongest co-managementsupport system possible.

Our shared vision for refractive surgery is clear – together we will provide the best eye care solutions for our patients of today and tomorrow.

Thank you for referring your patients to Clear Advantage Vision Correction Center. Do not hesitate to contact us at 603-501-5000 or via email at LASIK@ClearAdvantageLaser.com if you have any questions or need assistance.

Respectfully,

N. Timothy Peters, MD
Medical Director

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Treatable Range for Refractive Procedures

The initial consultation at Clear Advantage is extended to your patients free of charge.

Using the latest wavefront technology for the evaluation, Clear Advantage confirms the patient's candidacy for refractive intraocular surgeryand wavefront-optimized laser surgical procedures. As the patient's safety and comfort are of utmost concern to us, once thetesting results are attained, the patient and the surgeon determine the patient's candidacy for surgery.

The preoperative assessment includes dilated and undilated corneal topography (pentacam), pachymetry, corneal diameter, manifest refraction, cycloplegic refraction, dilated fundus exam, corneal evaluation and an informed consent discussion with a doctor.

LASIK / CUSTOM LASIK / PRK

Refractive Procedure	Ametropia	Amount of Correction
Laser In Situ Keratomileusis (LASIK)& Advanced LASIK ***Utilizing Femtosecond bladeless laser***	Myopia Hyperopia Astigmatism Mixed Astigmatism	-0.75 to -10.00 D +1.00 to +4.00 D -0.50 to -6.00 D +0.25 to +2.00 *(mixed cases are on a case by case basis)*
Photo Refractive Keratectomy (PRK)	Myopia Astigmatism	-0.75 to -6.00 D -0.50 to -4.00 D

REFRACTIVE LENS EXCHANGE

Refractive Procedure	Ametropia	Amount of Correction
Multifocal	Myopia & Hyperopia	All Ranges
Accommodating	Myopia & Hyperopia	All Ranges
Astigmatism Correcting	Myopia & Hyperopia Astigmatism	All Ranges -0.75 to -4.00 D
Monofocal Lens / Standard	Myopia and Hyperopia Astigmatism	All ranges Up to 0.50 D

VISIAN IMPLANTABLE COLLAMER LENS (ICL)

Refractive Procedure	Ametropia	Amount of Correction
Visian EVO ICL	Myopia	-3.00 to -20.00
Visian Toric EVO ICL	Myopia & Astigmatism	-3.00 to -15.00 and -1.00 to -4.0 cylinder

Visual Results after LASIK

LASIK – VISUAL RESULTS

Nearsightedness (Myopia)	20/20 or Better	20/40 or Better
-0.50 to –2.00	99%	99%
-2.01 to –4.00	98%	99%
-4.01 to –6.00	96%	98%
-6.01 to –8.00	95%	96%
-8.01 to –10.0	92%	93%
-10.01 to –12.0	90%	93%
Farsightedness (Hyperopia)		
+0.50 to +1.50	98%	99%
+1.51 to +3.00	95%	97%
Above +3.01	90%	92%

NOTE:

- As of 2019, Dr. N. Timothy Peters has performed more than 29,000 LASIK procedures and is considered one the most experienced LASIK surgeons in the Northeast.

- As of 2019, Dr. Peters has performed over 200 Visian ICL implants and well over 45,000 cataract procedures. In March 2022, Staar received FDA approval for the EVO Visian ICL and Toric EVO Visian ICL which will no longer require an iridotomy prior to the procedure. Dr. Peters was the first surgeon in New Hampshire, Maine and Vermont credentialed to perform the EVO Visian procedure.

- Percentages indicate probability of achieving specified visual acuity (20/20 or 20/40) after the initial LASIK treatment. Patients are entitled to an enhancement, if necessary and safe, within the first year at no cost.

- Dr. Peter's current LASIK enhancement rate is .009% (national average is 10%). Results are based on last 3,500 eyes from 2018 - 2021

Patient Selection

Requirements

- Age > 18
- Correctable to 20/20 or better in at least one eye and 20/40 or better in the fellow eye (occasionally, amblyopic eyes may be treated at the surgeon's discretion)
- Healthy eye(s)
- If patient has Diabetes Mellitus, the condition must be controlled
- Not pregnant or nursing
- Realistic expectations
- Stable refraction (< 0.50 D change in either spherical and/or cylindrical component within 12 months)

Poor candidates for satisfaction:

- Have active surface infection
- Have Amiodarone deposit
- Have Endothelial dystrophy (cell count < 1500)
- Have history of or active Ocular Herpes Simplex or Ocular Herpes Zoster (may require preoperative oral acyclovir)
- Have uncontrolled glaucoma
- Insist on seeing perfectly at all times and at all ranges
- Like to wear glasses or contacts
- Rarely wear corrective lenses
- Seek better vision than can be achieved with current glasses or contacts
- Candidates who expect to be rid of reading glasses and/or intermediate glasses (monovision CTL's can be offered / trialed by referring OD). Older candidates may be better candidates for premium IOL options.

Poor candidates for LASIK have:

- Abnormal lid closure
- Anterior Basement Membrane Disease (contraindication specific to LASIK)
- Dry eye in conjunction with active systemic collagen vascular diseases: Rheumatoid Arthritis, Sjogren's syndrome, Lupus (SLE), Polyarteritis Nodosa, Wegener's granulomatosis, etc.
- Excessive guttata
- Extreme dry eyes – epithelial punctate staining (requires pre-treatment of condition)
- High myopia (>–10.00 D) coupled with thin corneas or large pupil size (may be better candidate for ICL or RLE procedure, depending on condition or natural lens and age of patient)
- History of recurrent corneal erosion (contraindication specific to LASIK)
- Keratoconus (NOTE: Rule out suspected cases using topography or pachymetry)
- Map Dot Fingerprint Dystrophy (may be better candidates for PRK)
- Ocular diseases: Herpetic Keratitis, severe glaucoma, cataracts, diabetic retinopathy, ARMD, other macular diseases
- Pachymetry of < 500 microns (contraindication specific to LASIK)
- Severe Meibomianitis/Blepharitis (requires pre-treatment of condition)

Initial LASIK evaluation

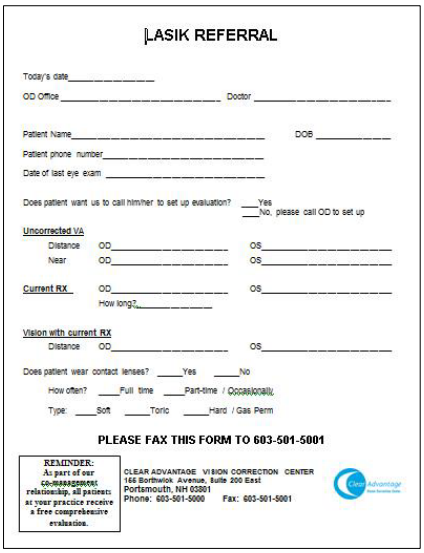
Preoperative Evaluation Protocol for Refractive Procedures (<u>performed at Clear Advantage</u>)
Although not necessary to have the evaluation, we would <u>prefer</u> to have the last 2 refractions and/or visual history on patients prior to their evaluation. Our office will contact you should we have a patient indicating you as their primary eye care provider.

- Patients must leave out contact lenses for a minimum of **5 days for soft lenses**, **2 weeks for toric** or astigmatism correcting lenses (including soft toric) and **8 weeks minimum for Rigid Gas Permeable** (RGP) or hard PMMA lenses for baseline measurements only. Some RGP patients have elected to be fitted for soft or toric lenses, despite numerous fittings, to reduce the amount of time out of contact lenses all together.
- Complete medical and ocular history, including contact lens history.
- Ocular dominance and motility
- Completeness of eyelid closure
- Pupil size (in light and dim illumination)
- Uncorrected visual acuity (UCVA), distance and near
- Visual acuity with correction, distance and near
- Manifest refraction with best corrected visual acuity (BCVA)
- Simulation of monovision, if applicable
- IOP using Applanation Tonometry (AT)* or Non-Contact methods
- A complete cycloplegic refraction
- Anterior and posterior segment slit lamp exam, including full Dilated Fundus Exam
- Discuss with patient: options, expectations, desired refractive procedure, planned outcome and follow-up
- Corneal topography and Pachymetry using Orbscan and Zywave. Manual Pachymetry may also be performed.
- Examination of tear volume and adequacy (If tear film seems inadequate quantitatively, Schirmer Tear Test is performed)

Preoperative Evaluation Protocol for <u>comanaging partners</u>

- If possible, copy of last 2 exams, particularly refractions
- Discussion with patient about goals / expectations, particularly those over 40.

<u>LASIK referral pads are supplied to all co-managing practices.</u> The pads can be conveniently used when referring patients who inquire about LASIK. One side has the patient's information; name, current Rx, etc., the opposite side has directions and contact information for Clear Advantage. Please contact Clear Advantage at 603-501-5000 for additional pads.


LASIK REFERRAL

Today's date_____

OD Office _____ Doctor _____

Patient Name_____ DOB _____

Patient phone number_____

Date of last eye exam _____

Does patient want us to call him/her to set up evaluation? ___Yes ___No, please call OD to set up

Uncorrected VA
Distance OD_____ OS_____
Near OD_____ OS_____

Current RX OD_____ OS_____
How long?_____

Vision with current RX
Distance OD_____ OS_____

Does patient wear contact lenses? ____Yes ____No
How often? ____Full time ____Part-time / Occasionally
Type: ____Soft ____Toric ____Hard / Gas Perm

PLEASE FAX THIS FORM TO 603-501-5001

REMINDER:
As part of our co-management relationship, all patients at your practice receive a free comprehensive evaluation.

CLEAR ADVANTAGE VISION CORRECTION CENTER
166 Borthwick Avenue, Suite 200 East
Portsmouth, NH 03801
Phone: 603-501-5000 Fax: 603-501-5001

New in 2022

Book your patient directly onto our schedule without having to call!

www.CataractReferral.com

Cataract or LASIK patients can be scheduled immediately!

Ocular Conditions that may Contraindicate Refractive Surgery

DISEASE / CONDITION	CANDIDATE	REASON
AIDS HIV Positive	No Depends	A serious infection, if acquired, would be difficult to treat and patient could lose vision. It is best if patient is on HART therapy and the virus is not detectablein the blood.
Arthritis	Depends	Osteoarthritis is fine. If an autoimmune arthritis (e.g., rheumatoid arthritis) is present, candidacy depends on severity and control of the condition.
Cancer of or around the eye	No	Patient may have healing problems
Cancer, Leukemia	Depends	Candidacy depends on the severity and type of cancer and what kind of medications or treatments the patient is taking as healing problems may occur.
Diabetes	Usually Yes	Candidacy depends on type and degree of control.If diabetes is poorly controlled, patients may have difficulty healing or an unstable prescription
Heart Disease	Yes	May affect the retina or ocular motility
Hepatitis	Depends	Candidacy depends on type: Type A is okay while active Type B or Cis of concern due to the risk of transmission.
Lupus	Not a candidate if systemic disease is active; though, candidacy is decided by surgeon on a case-by-case basis	Since this is an autoimmune disease, corneal surfaceproblems can occur during the healing process and thepatient is more susceptible to corneal melting.
Multiple Sclerosis	Depends	Find out what stage the disease is in since this diseasecan cause Nystagmus, a decrease in vision(i.e., optic neuritis) and/or abnormal healing.

Ocular Conditions that may Contraindicate Refractive Surgery (cont)

Stroke(s)	Depends	Eye problems could lead to ocular motility problemsand/or visual field defects
Cataracts	Potentially	Cataract surgery is a form of refractive surgery.
Amblyopia	Potentially	If amblyopic eye is worse than 20/40, we may not want to treat the good eye due to any possibility of complication or if the patient could not drive comfortably and safely while depending on the amblyopic eye
Macular Degeneration	Potentially	Contraindicated if VA is worse than 20/40
Retinitis Pigmentosa	Depending on Visual Field	May not want to risk further loss of vision in the eye(s)
Strabismus	Potentially	Candidacy depends on the presence of amblyopia; patient may need to see the surgeon
Genital Herpes or Cold Sores	Yes	This kind of herpes cannot spread to the eye because of treatment
Herpes Simplex in the eye	Not usually	Herpes virus can be reactivated by a refractive procedure; candidates may be considered on a case-by-case basis.
Herpes Zoster in the Eye	Not usually	Virus can reactivate – may be considered on a case-by-case basis.
Instability of Refraction	Potentially	Should have 2 refractions (1 year apart) with 0.50 D or less change. Patients with an unstable refraction have a greater risk of under-correction.
Pregnancy or Nursing Mothers	No	Candidacy is evaluated when patient is finished nursing. If patient is not nursing, it is recommended that patient have 3 menstrual cycles prior to evaluation.
Nystagmus	Potentially	Since the eye must be stable for the procedure, the surgeon will decide on a case-by-case basis.
Keratoconus	No	Unstable corneas and refractive laser surgery may worsen the condition; if condition is not progressive, ICL or RLE (if patient is > 55 years of age) may be alternatives – depending on type and degree of natural lens opacity, if any

LASIK Post-Operative Visits

TIME FRAME	NORMAL EXAMINATION
Day 1 – At Clear Advantage Estimated 10 minute exam	▪ UCVA ▪ Pin hole, if UCVA< 20/20 ▪ Slit lamp exam of cornea - Pt will be using Prednisolone Acetate and Moxifloxacin QID (Lotemax if PRK – taper schedule for 1 month) - Pt will use preservative free AFT Q 30 minutes (while awake) or more frequently if needed
Week 1 – at Co-management practice Estimated 10 minute exam (non-dilated)	▪ UCVA ▪ Manifest refraction ▪ Slit lamp exam of cornea - Pt should discontinue use of Prednisolone Acetate and Moxifloxacin 7 days after surgery (dependent on inflammation of cornea) - Pt should continue use of preservative free AFT QH (while awake), or more frequently if needed
Month 1 – at Co-management practice Estimated 10 minute exam (non-dilated)	▪ Same as Week 1 ▪ Continue to monitor refraction for stability - Pt may discontinue use of preservative free AFT if dryness has subsided. Pt can utilize bottled tears, but is not recommended to use more than 3 times daily.
Month 3 – at Co-management practice* Estimated 10 minute exam (non-dilated)	▪ Same as Month 1 - If necessary and if refraction is stable, enhancement may be considered and patient should be returned to Clear Advantage. If patient remains unstable however, pt should return to co-managing office 4 – 6 weeks later to check for stability.
Month 12*	▪ Same as Month 3

* Frequency of visits is at the discretion of the provider

- Clear Advantage routinely measures visual acuity up to 20/15 preoperatively; therefore, for accuracy of statistical analysis, we respectfully request you to test each patient up to 20/15, whenever possible
- At 1 month post-operatively and subsequent visits, the patient should have VA of 20/15 to 20/25; if not, please continue to monitor for refractive stability (i.e. depending on intended correction, monovision target, etc.)
- These guidelines are not absolute. If special circumstances prevail, the patient or referring doctor may feel free to confer with the surgeon at any time.
- **A note about Presbyopic patients**: As you know, the sudden need for reading glasses is one of the largest complaints for patients over 40, regardless of their decision to pursue LASIK. Our practice spends a significant amount of time explaining the need for reading and/or intermediate glasses IMMEDIATELY after surgery. This is explained by the doctor in the pre-operative exam, then through an informed consent video, a monovision booklet is contained in their surgery package, and again verbally explained by the surgeon on the day of surgery. We also demonstrate monovision or mini-monovision for every presbyopic patient if they express an interest in near vision.

  Please refer to the patient's pre-operative evaluation and treatment forms faxed to your office should your patient express disappointment in near and/or intermediate vision after LASIK.

LASIK Post-Operative Care

Follow-up care visits may be scheduled for **1 week**, **1 month**, **3 months**, and **1 year** as well as annually after surgery. However, you may feel it necessary to see a patient more or less often than these suggested intervals. We emphasize the need for annual exams in your office after surgery, which are not included in the surgical fee. The co-management fee covers the first year only. Patients who may require enhancements after 1 year can do so at a reduced rate ONLY if they have seen their primary eyecare provider on a yearly basis. The enhancement warranty is printed on the back of all pricing information provided to the patient.

NOTE: Clear Advantage will see the patient for a 1-day post-operative visit, but the patient mayreturn to your care after this visit. For each post-operative visit conducted with the patient, please complete and forward us the follow up documentation by mail or facsimile. We will include these important documents in our medical records should the patient contact us directly about an issue or question.

Eye Shields

Patients are instructed to wear the sleeping goggles provided by Clear Advantage while asleep for the **first 5-7 nights** following surgery. The shield helps to maintain hydration and protects the eye should the patient inadvertently rub the eye while asleep.

Restrictions

There are **very few restrictions** on patient activity during the post-operative period; though every patient ***should***:

- Not sleep with pets in their bed for 2 nights after surgery.
- Not wear eye make-up for 7 days after surgery.
- Avoid swimming, hot tubs, water sports as well as smoky and dusty environments for 3 to 4 weeks after surgery.
- Not rub their eyes for at least 6 weeks after surgery.
- Wear protective goggles when engaged in an activity that could result in eye injury (e.g., racquetball, contact sports, or any potentially hazardous work setting).

NOTE*:*

- Issuing a prescription for Pataday® or application of any over-the-counter allergy drops are appropriate actions to address the sensation of itchy eye(s) 1-2 weeks after surgery.
- If necessary, enhancements are performed at 3-6 months after surgery. Prior to proceeding with an enhancement, it is important to establish a stable refraction.
- Although rare, some patients may benefit from mild corrective lenses for night driving or reading after refractive surgery. Patients with symptoms from residual errors or presbyopia should be offered interim corrective wear. Spectacles are preferred as contact lenses may induce regression.
- Should the patient desire the use of contact lenses to either color the iris or for use in monovision, it is recommended that the patient wait until 3 months post-op. The cost for contact lenses, trial lenses and/or training for insertion and removal of lenses prior to or after surgery are **not** considered part of our LASIK co-management fees and should be billed to the patient.
- For patients with small amounts of residual (+), enhancements are not the only option. We currently utilize a special form fitted contact lens (CLAPIX) to reduce or eliminate the prescription. Please speak with Dr. Christopher Turner at Clear Advantage to discuss this fitting.
- **These guidelines are not absolute.** If special circumstances prevail, the patient or referring doctormay feel free to confer with the surgeon at any time, if needed.

LASIK Post-Operative Examination Guide

TIME FRAME	HISTORY	EXAMINATION	NOTIFY THE SURGEON	MEDICATION
1-3 days after surgery	**Normal:** • Mild foreign-body sensation, discomfort (24-48 hours) • Mild tearing, photophobia (24-48 hours) • Moderate dry eye sensation (1-2 weeks) • Mild blurry vision, ghostimages (several weeks) • Sub-conjunctival hemorrhage (several weeks) • Halos around lights (several weeks to months	**Normal VA:** UCVA will range from: • 20/15 to 20/40 for corrections of –1.00 to –3.00 D • 20/20 to 20/50 for corrections of –3.00 to –6.00 D • 20/25 to 20/60 for corrections exceeding –6.00 D **Typical Cornea:** • Punctate stain over flapor at flap edge • Slight edema	• Pus-like discharge • Skewed, dislocated or wrinkled lamellar flap • Pain that cannot be controlled with Tylenol®, Advil® or Aspirin • Poor UCVA or BCVA (see **Normal VA** in the **Examination** column of this chart) • Interface cloudiness or debris • Large epithelial defect • Infiltrate • Striae over the visual axis	• NSAID drops Q1 - 2H PRN**on the day of surgery**. (If PRK, Q1 - 2H for 3-5 days) • Antibiotic eye drops 1 gtt QID (for7days). PRK patients may be on a tapered schedule depending on surgeon's findings. Consult with Dr. Peters should you question tapering instructions. • Steroid eye drops 1 gtt QID (for 7 days) • Artificial tears every 15-30 minutes during waking hours for the first week.
1 Week	**Normal:** • Symptoms may be similar or possibly betterthan compared to 1 Dayafter surgery • Mild vision fluctuation • Very mild aching sensation • Halos around lights at night • Dry eye symptoms • Mild eye soreness	**Normal VA:** UCVA will range from 20/15 to 20/50, depending on level of preoperative ametropia and intended correction **Typical Cornea:** Clear with exception ofmild flap surface punctuate staining. If staining isnoted at the margins, thepatient should return toyour office in 1 week forfollow-up and should bemonitored closely for thepossibility ofepithelial in-growth.	• Excessive discharge • Poor BCVA • Pain or diffuse redness • Interface haze • Epithelial in-growth (if not directly evident, suspect in zones where there is staining at the flap margin) • Striae over visual axis • Epithelial defect	Artificial tears every 30 minutes for the next 3 weeks.

LASIK Post-Op Examination Guide (cont)

TIME FRAME	HISTORY	EXAMINATION	NOTIFY THE SURGEON	MEDICATION
1 Month	**Occasionally Occurring Symptoms:** Minimal visual fluctuation Halos around lights at night	**Normal VA:** UCVA will range from 20/15 to 20/50, depending on level of preoperative ametropia and intended correction. At this point, the refraction may provide some indication as to whether/not an enhancement may be necessary. **Typical Cornea:** Clear with exception of mild, faint epithelial punctate staining	• Poor BCVA • Discomfort • Persistent punctate or diffuse staining at any portion of the flap margin • Epithelial in-growth • Interface haze • Striae over visual axis	Artificial tears Q1H for1 month.
3 Months to 1 Year	**Occasionally Occurring Symptoms:** • Minimal halos around lights at night • Dry eye symptoms	**Normal VA:** UCVA will range from 20/15 to 20/50, depending on level of preoperative ametropia and intended correction *Enhancement, for possible over/under response, may be considered when vision and refractions have been stable for 4-6 weeks. **Typical Cornea:** clear	• Poor BCVA • Discomfort • Any significant flap abnormality • Poor UCVA **NOTE:** Special attention should be made at 3-month exam	Artificial tears As needed

Potential LASIK Complications

Every patient experiences *at least some* of the following:

- **Dry eyes,** which improve over time for most patients, but may be permanent for others – possibly requiring increased need of artificial tears, insertion of punctal plugs and/or other measures.
- **Nearsightedness,** that may become permanent and require the use of corrective lenses by patients who were farsighted before surgery, especially for distance vision.
- **Farsightedness,** that may become permanent and require the use of corrective lenses by patients who were nearsighted before surgery, especially for near vision.
- **An unpredictable healing response**, which may require future surgical enhancement. However, if the surgeon feels an enhancement may be unwise, spectacles or contact lenses may be required.
- **Contact lens intolerance**, an uncommon occurrence that some patients experience even if they have worn
- contact lenses successfully before surgery.
- **Increased sensitivity to light** and **decreased vision in artificial or dim light,** that may be experienced a sensitivity to glare, loss of vision quality (especially at night) and other variations to vision; all of which may be permanent. Symptoms of residual myopia worsen in low light levels. Increased pupil diameter may expose more of the peripheral cornea, which is more myopic than the central optical zone, creatingnight myopia. Often, unacceptable decreases in night vision may be alleviated by a small myopicspectacle correction. In extreme cases, a weak miotic such as Alphagan may be prescribed for night use only. Patients may wish to use a vehicle dome light to help alleviate night glare while driving.
- **Fluctuation of vision,** that resolves without surgical or medical intervention, in most cases. In cases where there is a definitive and proven myopic shift in the late afternoon or evening hours, a small correction may be provided for night driving or other activities that require distance vision. A dry corneal surface may be the cause of fluctuating vision; therefore, frequent use of artificial tears may help to prevent such fluctuations in vision during the first 2-3 months following laser refractive correction.
- **Starbursts or halos,** around lights at night, that are healing-related and tend to diminish after the first fewmonths; yet, some element related to pupil size may be permanent. Occasionally, patients with very large pupils have severe, persistent problems that may create the feeling of insecurity while driving at night or even as though driving at night is not safe. Alphagan drops at dusk can often be helpful.
- **Discomfort,** that occurs during the first 48 hours following surgery. Generally, LASIK patients seem tobe more comfortable than PRK patients. However, at times, the epithelium can be loose, shift or tear during the LASIK procedure causing discomfort, delayed healing and delayed improvement of vision.
- **Epithelial in-growth,** is the migration of epithelial cells from outside the border of the flap-bed into the flap-bed, presenting an irregular corneal surface that may result in blurred vision, foreign matter sensation, dryness and tearing. Epithelial in-growth tends to occur after an irregular flap edge has been lifted (i.e., an enhancement procedure) and is treated by re-lifting the flap and removing the migrant cells.
- **Anatomical limitations:** the making of the LASIK flap requires a reasonably wide opening of the eye to accommodate the application of a suction ring. Deep set eyes with narrow lid apertures or small surrounding bone structure may not allow safe placement of the suction ring. It is not possible to determine the size of the eyelid aperture until the lid speculum is in position and an actual attempt to place the suction ring is performed. If the suction ring cannot be placed safely and securely, it may not bepossible to perform the LASIK procedure. If the patient still wishes to pursue refractive correction, selecting an alternate procedure may be necessary.

Potential LASIK Complications (cont)

More serious complications may include but are not limited to:

- **Internal or external infection** that cannot be controlled by antibiotics or other means.
- Occasionally, refractive surgery patients report a variety of symptoms related to **distorted or unusual vision.** These symptoms may include **glare, ghost images, photosensitivity and distorted images** that tend to manifest during the period immediately following surgery and subside within 6 months following surgery; however, in some cases, these symptoms may be permanent and may not be correctable by spectacles, contact lenses or re-treatment. Many of these symptoms may be attributed to the perceptual change created when changing visual focus from an emmetropic to a near-emmetropic image as well as from alterations in perceived magnification or minification. For some patients, use of weak miotics may eliminate or reduce these symptoms.
- Since myopic eyes are longer, they have an increased risk of **retinal fragility.** The risk of retinal detachment increases as the amount of myopia increases in the presence or absence of refractive surgery.
- Since hyperopic eyes are shorter, they are prone to **angle closure glaucoma** in the presence or absence of refractive surgery.
- **Haze or scar on the cornea** that may require re-treatment by the Excimer Laser (primarily found after PRK). Even after re-treatment, vision may not be correctable by spectacles or contact lenses to a level as good as preoperatively.
- **Under or over-correction**
- The LASIK procedure imposes a structural weakening of the cornea since creating the LASIK flap involves approximately one-fifth of the corneal structure. The cornea takes many years to heal the LASIK flap and may never regain its original strength. Signs that point to possible future structural weakness of the cornea are noted and carefully assessed. The possibility of complications due to corneal weakening is the main reason why alternative refractive procedures may be recommended for some patients. If a high correction is performed using the PRK procedure, a weakening of the cornea can occur, but is unlikely to be problematic. **Future corneal instability** is less likely to occur with PRK than LASIK because the volume of corneal tissue removed to reshape the eye is much less than the volume of the tissue structure altered by creating the LASIK flap. However, determining future probable structural strength of thecornea is an evolving area of study. Therefore, despite Clear Advantage's best efforts in detecting future corneal weakness, some patients may suffer future corneal instability after LASIK or PRK. This corneal instability may result in an irregular corneal surface requiring spectacles or hard contact lenses foroptimum visual function. Although rare, an eye with an irregular corneal surface may require acorneal transplant.
- Rarely, certain flap complicationsmay result in difficult to repair irregularities or unusual healing patterns of the cornea (e.g., a thin, incomplete or torn flap as well as transient light sensitivity). These are rarely vision-threatening complications. If the surgeon considers the flap too thin or incomplete, the procedure would need to be postponed. If the flap tears, the procedure would need to be postponed. If transient light sensitivity were to occur, it can be treated with anti-inflammatory eye drops or oral medications. **NOTE:** Transient light sensitivity can occur up to 3 months after surgery.

Potential LASIK Complications (cont.)

- **Mild inflammation** can occur in small areas around specks of tear film debris or under epithelial defectson the flap that occur when the femtosecond laser or XP microkeratome creates the flap. **Diffuse Lamellar Keratitis (DLK)**,also known as *Sands of Sahara*, is characterized by inflammation in a large area of the interface.Typically, DLK resolves in approximately 1 week with treatment. Only a few cases of DLK progress tothe blurred vision of stromal haze, which commonly resolves in a few months. Irrigation under the flapmay help to avoid serious complications. In rare cases, a break down or melt of the flap and/or cornea has been reported. It is possible for DLK to cause a permanent reduction in BCVA with effects ranging from a very slight blur to a significant haze. Please see **Diffuse Lamellar Keratitis** details on **page 18 and 19**, found in this section of this guide.
- **Iron lines** are common after corneal refractive surgery. Usually, iron lines appear as thin, fine, horizontal pigmented lines presenting inferiorly to the visual axis and do not affect vision. Iron lines occur due to tear pooling in the flatter central cornea.
- **Non-healing epithelial defects** (i.e., epithelial erosion) are uncommon unless they are associated with an epithelial peel or anterior basement membrane dystrophy. Non-healing epithelial defects are treated as any other epithelial defect with use of simple lubrication, bandage contact lenses, insertion of punctual plugs and/or other measures. **NOTE: Patching should be avoided** unless an extreme epithelial compromise is determined.
- Often, a diffuse or **focal keratitis** is seen in the 1st or 2nd week following corneal refractive procedures.These toxic corneal inflammations may be secondary to the prophylactic antibiotic, the marker dye used during surgery or meibomian secretions. Characteristically, toxic reactions to the marker dyes follow the incisions and the boundary of the optical zone. Usually, toxic reactions to marker dyes will disappear in1-3 days after surgery.

NOTE:

- Any of these complications may result in **distorted** or **impaired vision** or **discomfort.** Typically, medication, treatment and time can correct these complications; although, some complications may resolve without any treatment.
- As found within all surgical procedures, complications may arise due to **anesthesia**, **drug reactionand/or other factors** that may affect other parts of the body. These complications are unpredictable and not discussed in this document. Since it is impossible to describe all complications and consequences possible with any surgery, this list is incomplete.

Post-Operative Medications

Antibiotics
Moxifloxacin is used QID for 7 days beginning the day of surgery. Patients should dispose of this medication at the end of the 7-day post-operative protocol. Moxifloxacin is usually discontinued within 5 days post-PRK, dependent on healing.

Anti-Inflammatory Agents
Topical steroid drops are used QID for 7 days beginning the day surgery (Prednisolone for LASIK patients, Lotemax for PRK patients). LASIK Patients should dispose of this medication at the end of the 7-day post-operative protocol. PRK patients will be advised to use Lotemax on a tapered schedule time (4, 3, 2, 1x per week) depending on healing. This is on a per patient basis.

Analgesics
Post-operative discomfort varies widely among patients. Some patients require pain medication during the first 24 hours following surgery. Usually, a non-steroidal anti-inflammatory drug (NSAID), such as Advil® is adequate; though, some patients may require a stronger analgesic. LASIK patients are supplied with a 1 time dose of proparacaine for the evening of surgery, generally used once they get home to assist with comfort so they may take a nap.

Lubrication
Maintaining a **moist ocular surface** may be the most important function of post-operative medications. The healing cornea presents an irregular surface that fails to *wet* properly. Copious lubrication with artificial tears (preferably preservative-free) is essential and contributes to improved visual acuity. It is common to find post-operative acuity change from 20/40 to 20/20 after lubricating drops. Patients are instructed to use 1 drop of artificial tears every 15-30 minutes during waking hours until the end of Day 7 after surgery, then every hour for a period of 3 weeks (1 month total). Patients who complain of dryness in the am / pm can use viscous artificial tear gel in the am/pm as well.

Persistent Dry Eye Conditions
In patients who exhibit mild to severe dry eyes post LASIK, Clear Advantage may insert punctual plugs and/or prescribe Restasis or Xiidra.

Diffuse Lamellar Keratitis (DLK)

Diffuse Lamellar Keratitis is a LASIK post-operative **non-infection complication** consisting of white blood cell infiltrates introduced into the interface between the corneal flap and stroma. Commonly, DLK is mistakenly identified as Superficial Punctate Keratitis (SPK), mild debris, meibomian gland droplets or interface infection. In order to successfully treat DLK, it is important to identify the disease, its stages and appropriate intervention as well as understand its **rapid time-course.** Successful treatment strategy eliminates the serious damage and permanent reduction in visual acuity associated with DLK, which can derail an otherwise ideal refractive outcome. **NOTE: These guidelines are not absolute**. If special circumstances prevail, the patient or referring doctor may feel free to confer with the surgeon at any time,if needed.

Infiltrates sources may include but are not limited to:

- Meibomian secretions
- Endotoxins
- Epithelial defect
- Corneal insult (i.e., foreign bodies, abrasions and/or significant SPK)

Although the infiltrates are sterile, the cornea attacks them and will destroy itself in the process, if nottreated promptly. **Early recognition and treatment with anti-inflammatory drops tend to reduce the treatment period, incidence of surgical intervention and visual loss. NOTE:** Once treated, DLK is unlikely to recur.

Diffuse Lamellar Keratitis may also be referred to as *Sands of Sahara*; *Diffuse Interstitial Keratitis*; *Diffuse Interface Keratitis*; *Post-LASIK Interface Keratitis*, etc. Regardless of name, this non-infection complication tends to **present uni/bilaterally within 1-6 days post-operatively**; however, DLK can occur months or even years after surgery if there is sufficient trauma or disruption to the lamellar flap.

NOTE: If trauma to a post-LASIK eye occurs, Clear Advantage recommends referring the patient to us for immediate evaluation.

DLK symptoms may include:

Pain or discomfort
Blurred vision
Foreign body sensation
Photophobia
OR no other symptoms except – A rapid onset of hazy vision

Please see the DLK Recognition Chart on the following page detailing the time-course, appearance at slit lamp, visualacuity, symptoms, treatment and other notes specific to this condition.

Diffuse Lamellar Keratitis (DLK) (cont)

Stage	Presenting Time Period	Appearance of Cornea at Slit Lamp	VA and Symptoms	Treatment & Notes
1	Usuallywithin18-24 hrs after surgery	- Infiltrates in the periphery of the lamellar flap without involvement of the central cornea	- VA not usually affected - Pain, blurry vision, foreign body sensation or photophobia	Topical & oral steroids for long periods with the supervision of OD and Clear Advantage
2	Usually48-72 hrs after surgery	- Fine white grainy cells or dust-like on periphery and central cornea, resulting from central migration of cells into the visual axis	- Decreased VA and - contrast sensitivity - Glare and photophobia - Pain, blurry vision, foreign body sensation or photophobia	Topical & oral steroids for long periods with the supervision of OD and Clear Advantage
3	Usually 48-72 hrs after surgery	- Accumulation of dense clumps of white blood cells in central visual axis with sand dune-like appearance - Relative clearance of infiltrate from periphery - Striae over central portion of lamellar flap	- 1-2 line loss of VA - Decentration - Central tissue shrinkage - causing hyperopic shift andirregular astigmatism - Pain, blurry vision, foreign body sensation or photophobia	- Surgical lifting of lamellarflap, removal of infiltrate cells,irrigation of interface andrepositioning of lamellar flap - Commonly referred to as*Threshold DLK* and severe,resulting in stromal melting andpermanent scarring, if notappropriately treated
4	Rapid onset after Stage 3 occurs	- Dense, opaque central corneal infiltration - Milky fluid at interface	- May be indicated by eyelid edema, epiphora,flap edema and/or prominent ciliary congestion - Central tissue shrinkagecausing hyperopic shift andirregular astigmatism - Pain, blurry vision, foreign body sensation or photophobia	- Commonly **confused withactive stromal infection** - Surgical lifting of lamellar flap,obtaining of infiltrate cultures,interface debridement (i.e., PTK),irrigation of interface andrepositioning of lamellar flap

NOTES FOR DISTINGUISHING DLK FROM OTHER DIAGNOSES:

- DLK is confined to the interface without extension into the anterior or posterior stroma; therefore, the interface does not stain with Fluorescein whereas Fluorescein staining can detect SPK
- Infective keratitis tends to occur after 48 hours while DLK can manifest within 24 hours after surgery

For any suspected case of DLK, please notify Clear Advantage immediately.

Fee Schedule and Comanagement Payments

Checks are mailed **within 15 days.**
Payment is for 1-week, 1-month, 3-month & 1-year post operative care.
****Please note that Clear Advantage only performs PRK or Bladeless LASIK****

	PRK Patient Fee	Co-Manager Payment (20%)	BLADELESS Patient Fee	Co-Manager Payment (20%)
Advanced or Mixed LASIK Full price ($2,245 per eye)	**$4,490.00**	$898.00	**$5,390.00**	$ 1,078.00
With 20% discount	**$3,592.00**	$718.40	**$4,492.00**	$ 898.40
With 15% discount	**$3,816.50**	$763.30	**$4,716.50**	$ 943.30

Implantable Collamer Lens

VISIAN EVO ICL– OU	**$9,200.00**	$ 500.00
VISIAN EVO TORIC ICL (for Astigmatism) – OU	**$9,800.00**	$ 500.00
Fee is for both eyes. Co-management payment is for a 1-year follow up appt.		

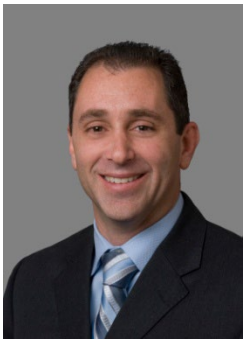
Plans with a 15% discount				**Plans with a 20% discount**
Aetna	Davis	Matthew Thornton	Principal	Military (Active)
Anthem	DeltaDental	MVP	Spectera	Corporate Vision Program
Avesis	EyeBenefits	NVA	Surency Vision	Vision Service Plan (VSP)
Block Vision	EyeMed	NYS – NY State	Tufts	
Blue Cross	Family Members	Opticare	United Healthcare	
Carington	Federal Blue Cross	Optum Health & Health Allies	VIPA	
Cigna	GMAC-ResCap	Preferred Vision Care		
Cole	Harvard Pilgrim	Premier Lasik Network		

Comanagement Staff Fees – Rate is for Bladeless LASIK treatment (PRK procedures will reduce fee by $300)

Optometrist / Optometrist spouse	Bladeless	$2,100.00	OU
Co-management Staff	Bladeless	$3,000.00	OU
Staff or Optometrist immediate family	Bladeless	$3,600.00	OU

No fee paid to co-management center for staff having LASIK procedures. Follow up care beyond the 1-day will be conducted at the comanaging practice.

Our Doctors



N. Timothy Peters, MD

Dr. Peters is a fellowship trained cornea specialist and one of the most experienced LASIK surgeons in New England, having performed over 25,000 LASIK procedures. Because of his broad experience, Dr. Peters has been selected to be a clinical trainer and proctor for other refractive surgeons, nationwide.

Dr. Peters was born in St. Louis, Missouri. He graduated with honors from the University of California at Davis, and graduated from Baylor College of Medicine in 1995. His extensive post-graduate training includes an internship at the University of Hawaii and residency training at the University of California at Irvine. Dr. Peters also trained at the renowned Gimbel Eye Centre in Calgary, Alberta, completing his fellowship in Refractive and Anterior Segment Surgery.

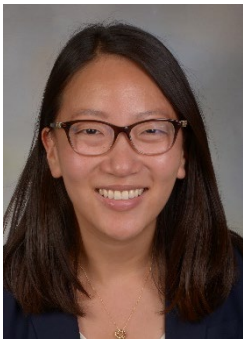
Dr. Peters has authored and/or edited numerous textbooks on LASIK surgery that are used worldwide to teach surgeons. He has published multiple peer-reviewed scientific papers and has been invited to speak and teach at every American Academy of Ophthalmology and American Society of Cataract & Refractive Surgery national meeting since 1999.

EDUCATION

BS, University of California at Davis
MD, Baylor College of Medicine
Internship, University of Hawaii

Ophthalmology Residency, University of CA at Irvine
Fellowship, Gimbel Eye Centre, Calgary, Alberta

Board Certified, American Academy of Ophthalmology
Fellow, American Academy of Ophthalmology
Fellow, American Society of Cataract and Refractive Surgery
NH Society of Eye Physicians and Surgeons



Jennifer Ling, MD

Dr. Ling is a fellowship trained specialist in Cornea and External Diseases. She specializes in cutting-edge partial-thickness (DMEK, DSAEK) and full-thickness cornea transplants (PKP), premium cataract surgery, implantable collamer lenses, and LASIK. She also has expertise in treating Fuchs dystrophy, keratoconus (including collagen cross-linking), infectious corneal ulcers, dry eye syndrome, and neurotrophic keratitis.

Prior to joining Eyesight Ophthalmic Services and Clear Advantage Vision Correction Center, Dr. Ling was a faculty member at the renowned University of Iowa, ranked #7 nationally in the field of ophthalmology. Being at a tertiary referral center allowed her to gain experience managing the most complex ocular conditions. She is proud to have helped train the next generation of ophthalmologists. She is now happy to be relocating to New England for family reasons.

In her spare time, Dr. Ling enjoys spending time with her husband and 1-year-old daughter. They love to eat, hike, and go whale watching.

EDUCATION

BS, University of Toronto Canada
MD, University of Pittsburgh School of Medicine
Internship, University of Pittsburgh Medical Center

Ophthalmology Residency, UC Davis Health System eye Center Department of Ophthalmology & Vision Science
Fellowship, University of Michigan, Kellogg Eye Center

Board Certified, American Academy of Ophthalmology
Member, American Academy of Ophthalmology
Member, American Society of Cataract and Refractive Surgery
Member, Eye Bank Association of America / Accreditation Board
Member, Women in Ophthalmology

Christopher Turner, O.D., Optometrist

Dr. Christopher Turner grew up in Manhattan, KS. After graduating from Kansas State University in 1996 with a Bachelor of Science degree, Dr. Turner moved to Memphis, TN, to attend Southern College of Optometry, graduating in May of 2000. He is one of a select few optometrists in the Seacoast area with refractive surgery pre-operative and post-operative care experience. Having worked in a variety of optometric settings, he enjoys bringing his skill and dedication to Clear Advantage.

Dr. Turner has co-managed thousands of LASIK patients and is an active member of The Optometric Council on Refractive Technology (OCRT). He is also a COPE certified instructor and provides training for other optometrists in refractive technology.

Dr. Turner and his wife, Jeanine, also a practicing optometrist, enjoy spending time with their children, Lucas and Katherine, as well as camping, hiking and traveling.

Lauren McLoughlin, OD, Optometrist

Dr. Lauren McLoughlin grew up in Brooklyn, NY and graduated from Brooklyn College in 1992 with a Bachelor of Science degree. After graduating from SUNY College of Optometry in 1997, Dr. McLoughlin completed her residency in ocular disease and primary care at the V.A. Medical Center in Wilmington, Delaware in 1998.

Dr. McLoughlin is a COPE certified instructor providing training for optometrists in refractive technology.

In addition to her training and experience in pre-operative and post-operative LASIK care, Dr. McLoughlin has practiced in a variety of optometric and ophthalmologic settings and has owned two optometric practices in New Hampshire and Massachusetts.

Dwight Arvidson, OD, Optometrist

Dr. Arvidson has been practicing primary care optometry at Eye Contact Unlimited since 1995. Dr. Arvidson joined Clear Advantage in 2017 after years of offering post-operative LASIK care at his own offices. He offers pre-post operative care at Clear Advantage on most Tuesdays.

Dr Arvidson received his optometric degree from New England College of Optometry in Boston, Massachusetts. His clinical refractive experience includes pre and post-operative care for PRK, Bladefree LASIK, and Visian ICL (Implantable Collamer Lens).

Comanagement Benefits / How to Join

Thank you for working with Clear Advantage Vision Correction Center as a Comanaging partner!

Many of our patients already have an established relationship with an optometrist, like you, and most of those patients want to return to their optometrist for regular eye exams, sunglasses or reading glasses after LASIK. It is a benefit to the patient and to your practice to participate in follow up care after LASIK procedures to ensure continued care extends beyond LASIK post-operative care.

How it works:

1. Refer an interested LASIK patient to Clear Advantage. We will notify you when the patient has scheduled surgery, or inform you of why they were not a candidate to have the procedure.
2. The patient will see us for surgery and 1-day follow up, possibly additional follow-ups if the surgeon would like to check on a possible complication.
3. Clear Advantage will pay you 20% of the collected surgery fee (see fee sheet enclosed).
4. Although we encourage the patient to contact your office directly, we will be happy to contact your office, with the patient to schedule their initial 1-week appointment. The patient should be seen for a total of brief exams at 1-week, 1-month, 3-month and 1-year.
5. Treatment and 1 day follow up information will be faxed to your office. If the patient has any problems at the 1-day follow up, we will see the patient for any and all necessary follow-ups. This will not affect your payment.
6. The patient is welcome to see us at any time within the first year, for no additional charge. (i.e., for punctual plugs, problems, etc.)

Benefits of co-management

1. **Generous payments** for patients who have surgery at our office to cover the cost of a 1-week, 1-month, 3-month and 1-year follow up appointment. Average payments are over $850 per patient.
2. **Staff discounts**. You, or any member of your staff, are entitled to free LASIK evaluations and receive the procedure at almost 50% off our regular prices.
3. **Continued care** from your office for patients who have already established a relationship with you. You've worked hard to build your patient base; we work hard to make sure you keep it.
4. **Referrals** to your office for patients who do not have a regular optometrist. If you are interested in obtaining new patients, we frequently receive requests from patients who are interested in either changing their existing OD or do not currently have a regular OD. Some patients are seeing a new OD after all follow up appointments for LASIK is completed, others would like an OD closer to home / work for traditional LASIK follow up.
5. **Strict co-management model:** We ask patients who their optometrist is before they begin the evaluation, if that OD is in our co-management program, we offer them follow up care at YOUR office first. We do not offer them to be seen at our office unless the patient *specifically* asks.

6. **In-house LASIK seminars**. If you would like to offer your patients exposure to LASIK procedures, we would be delighted to offer free LASIK seminars and "mini evaluations" at your office. This is a popular and successful option for offices that want to offer their patients additional services without concern that they will lose their patient after LASIK. These seminar nights do not require you to block your schedule. We can work within your office without interrupting any patient flow. Ask us how.
7. **Free advertising opportunities**. We will pay up to $500 for advertising seminars at your office. This includes mailings to your patients, newspaper advertising and radio spots.
8. **In-office training**. Does your staff want to learn more about LASIK? We would be happy to conduct an in-office training program. We will even bring lunch!
9. **OD observation**. Interested in observing LASIK procedures? Our office offers a 7-hour COPE approved Grand Rounds program. This program allows you to participate in pre-operative assessments, LASIK surgery and 1-day post-operative. The entire program is free and totals 7 hours of approved credit. Best of all, the program doesn't have to be taken all at once. See the enclosed book for complete course information.
10. **OD seminars and events**. CE credit seminars on new refractive procedures, ocular disease & care and more. These are usually offered in late fall and are 2-hour programs approved by ARBO for COPE CE credit.
11. **Access to MD's and OD's**. Have a question about a patient's condition? Contact our office for answers from any of our MD's and OD's for a second opinion or advice – regardless of involvement in LASIK.

Joining is easy! Simply complete a w-9 (w-9 required to pay co-management fee) and fax or mail it to our office. Patients who indicate that you are their eye care physician will be informed of the relationship, and encouraged to have follow up care with your office.

Thank you for working with Clear Advantage Vision Correction Center!

POST-OPERATIVE INFORMATION
Clear Advantage

Pt. Name:_____Date:_____Co-managing_____
Pt. DOB:_____

History: Laser utilized for treatment: Carl Zeiss Mel80

Post-Op _____

Advanced Zeiss	Bladeless	PRK	Mono	Enhancement	Mixed	Hyperopic	Crosslinking
OD /OS /OU	OD /OS /OU	OD /OS /OU	OD /OS	OD /OS /OU	OD /OS /OU		OD /OS /OU

Patient comments:_____

_____

Ocular Meds: 1. _____ **3.**_____

2. _____ **4.**_____

Va Sc: **OD 20/ OS 20/ OU 20/**

Near Va: **OD OS OU**

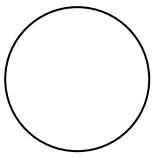
Manifest: **OD OS**

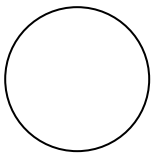
BCVA: **OD OS**

SLE:

External: WNL OU

Cornea: Flap in good position, no folds, interface clear OU





Imp/Plan: _____

_____

_____

Attending Physician: _____

N. Timothy Peters, MD	**Jennifer Ling, MD**	**Christopher Turner, OD**	**Lauren McLoughlin, OD**	**Dwight Arvidson, OD**

LASIK REFERRAL

Today's date_____

OD Office _____ Doctor _____

Patient Name_____ DOB _____

Patient phone number_____

Email (if known) _____

Referral for ❑ LASIK ❑ Visian ICL (Implantable Collamer Lens)

❑ PRK ❑ Visian Toric ICL

❑ Enhancement ❑ Corneal Cross Linking

❑ Other_____

Does patient want us to call him/her to set up evaluation? ____Yes

____No, please call OD to set up

Date of last eye exam _____

Uncorrected VA

Distance OD_____ OS_____

Near OD_____ OS_____

Current RX OD_____ OS_____

How long?_____

Vision with current RX

Distance OD_____ OS_____

Does patient wear contact lenses? _____Yes _____No

How often? _____Full time _____Part-time / Occassionally

Type: _____Soft _____Toric _____Hard / Gas Perm

PLEASE FAX THIS FORM OR HAVE CANDIDATE BRING THIS FORM WITH THEM TO THEIR EVALUATION

REMINDER:
As part of our co-management relationship, all patients at your practice receive a free comprehensive evaluation.

CLEAR ADVANTAGE VISION CORRECTION CENTER
155 Borthwick Avenue, Suite 200 East
Portsmouth NH 03801
Phone: 603-501-5000 Fax: 603-501-5001
Email: LASIK@ClearAdvantageLaser.com

Driver's License Renewal Letter

_____
Date

To Whom It May Concern:

Please be advised that

_____,
Patient name *DOB*

had completed LASIK vision correction on _____.
Surgery date

As of the date of this letter, the patient is seeing _____, without the use of corrective lenses.
UCVA OU

If you have any questions regarding this patient's LASIK vision procedure, please contact our office at _____.

Sincerely,

_____
Doctor's signature

155 Borthwick Avenue, Suite 200 East
Portsmouth, NH 03801
(P) 603-501-5000 (F) 603-501-5001
LASIK@ClearAdvantageLaser.com
www.ClearAdvantageLaser.com

We look forward to meeting you during your evaluation!

During your evaluation our doctors and staff will educate you on the vision correction procedures available, the procedure that is recommended for you based on your prescription, and your specific vision concerns. Please complete the attached paperwork in preparation for your appointment so we can dedicate more time in understanding your expectations and answering your questions.

PLEASE COMPLETE THIS FORM AND BRING IT WITH YOU TO YOUR EVALUATION. We will collect it upon arrival.

COMING FROM MANCHESTER / CONCORD – ROUTE 101 EAST

- Follow Route 101 East towards Portsmouth / Seacoast / Maine
- Take Route 95 Exit (this exit does not have an exit number, but is AFTER exit 12)
- Proceed through Toll Booth ($.75) and remain in left lane towards 95 North – Maine / Portsmouth NH
- Take Exit 3 - Greenland

** At the end of exit you will come to a set of lights, take right

- Immediately get into left lane and take left at lights onto Borthwick Ave. (You'll see the blue hospital "H" sign)
- Bear right at stop sign to continue on Borthwick Avenue
- 155 Borthwick is the 2nd building on the left (Highliner Foods will be the first building on your left)

COMING FROM 95 SOUTH (MASSACHUSETTS POINTS)

- Take 95 North.
- Take Exit 3 - Greenland

** Follow directions at this point above from Manchester / Concord

COMING FROM 95 NORTH (MAINE POINTS)

- Follow 95 South to New Hampshire
- Take Exit 5 Portsmouth/Newington / Portsmouth Traffic Circle.
- Stay in the right lane and exit immediately (Portsmouth).
- Move all the way over to the left lane and enter the Portsmouth Traffic Circle.

*** Exit directly across from where you entered onto Route 1 South.

- Go straight through the first light.
- At the second light take a right onto Borthwick Ave.
- 155 Borthwick Ave is the 2nd building after Portsmouth Regional Hospital. We are located between Liberty Mutual and Highliner Foods.

IMPORTANT NOTE:
Please wear glasses only prior to both your evaluation and surgery:

Soft lenses: 5 days
Toric lenses: 14 days
Hard lenses: 8 weeks

You will be dilated at the evaluation. Dilation does not affect distance vision, but does make near vision somewhat blurry and you will be light sensitive. This will last about 4 hours.

COMING FROM THE SPAULDING TURNPIKE (ROUTE 16)

- Take 16 South until the highway forks.
- Stay in the left lane of the branch entering 95N / Route 1 / Portsmouth
- Remain in the left lane and enter the Portsmouth Traffic Circle.

*** Follow from this point above coming from 95 North (Maine points)

COMING FROM ROUTE 1 SOUTH

- Take Route 1 North passing Water Country and Yoken's (formerly).
- Bear left towards the Portsmouth traffic circle after passing Lafayette Plaza on the left (you will be passing Tuscan Grill on your right)
- At the second light take left onto Borthwick Ave heading in the direction of Portsmouth Regional Hospital (you will see a blue "H" hospital sign). If you end up in the traffic circle, you've gone too far.
- 155 Borthwick Ave is the 2nd building after Portsmouth Regional Hospital. We are located between Liberty Mutual and Highliner Foods

Clear Advantage is on the 2nd floor of the East building and shares the floor with Eyesight Ophthalmic Services. The elevator is located half way down the hall when entering the building.

The door to Clear Advantage is located behind the elevator on the 2nd floor.
When exiting out of the elevator, take a left to access our office.

PLEASE COMPLETE ALL PAPERWORK IN BLACK OR BLUE INK

PATIENT INFORMATION

NAME:_____DOB_____AGE____
First *MI* *Last*

_____ BIRTH SEX: M F
Address *City* *St* *Zip*

NOTE: Appointment reminders are sent via text and email. If you do not want reminders for either / both, you may "opt out" of receiving these messages after your initial text/email. If possible, we would appreciate having at least 2 phone numbers on file in case of emergency.

HOME # _____ CELL # _____ WORK #_____

EMAIL_____ MARITAL STATUS:_____

EMPLOYER:_____OCCUPATION_____

HOW DID YOU HEAR ABOUT US?_____YEAR OF LAST EYE EXAM (estimate)?_____

WHO IS YOUR OPTOMETRIST?_____

DEMOGRAPHIC

Ethnicity: ___Hispanic or Latino ___Not Hispanic or Latino

Race: ___American Indian or Alaska Native ___Asian ___Black or African American ___Native Hawaiian or Other Pacific Islander ___White ___Unknown ___Other

Language: ___English ___Spanish ___Other

PATIENT RELEASE FORM

The doctors / staff of Clear Advantage Vision Correction Center may release my medical information or answer questions about my care, either verbally or in writing, to the following: **(To grant us permission, please initial each appropriate answer and complete the blank)**

_____ **Myself / Patient** *(Required in case you call our office requesting records or to verify / change appointments)*
(initials)

_____ **Family member(s)** – Name(s)_____
(initials)

_____ **Optometrist** or Name or Practice _____
(initials)
Address_____

Phone_____ **If the service was offered at no additional charge, would you be interested in seeing your optometrist for your follow up care after LASIK?* ___Yes ___No ___Not sure

_____ **Other** _____
(initials)

**** Due to HIPAA regulations, without your consent, we can't discuss anything about you with anyone, including confirming appointment times.*

ABOUT YOUR EVALUATION: Your appointment is to determine your candidacy for refractive procedures. Although the comprehensive evaluation will determine your prescription as well as your overall ocular health, this evaluation cannot be billed through your insurance company. Because the exam involves measurements specifically for refractive surgery, we will not be able to provide you with a prescription for glasses or contact lenses.

FOR OFFICE USE ONLY KT HV KS AB CM AMB

Treatment: ZEISS (OD/OS/OU) MIXED (OD/OS/OU) MONO (OD/OS) PRK (OD/OS/OU) BLADELESS (OD/OS/OU) VISIAN ICL (OD/OS/OU) VISIAN TORIC ICL (OD/OS/OU) STUDY

SX Scheduled? Y N _____ Eye(s) OD OS OU 15 20 1 _____

Call in RX / Given RX Pharm / Location:_____

Follow up with regular OD? ___Yes ___No OD office_____

Is this a NEW patient? ___Yes ___No OD office_____

MEDICAL HISTORY

What type of glasses do you wear? ☐ Distance ONLY ☐ Reading ONLY ☐ Bi-Focals ☐ Tri-Focal / Progressive ☐ None

Do you wear contact lenses? Yes*_____ No**_____

*** If YES:** What type? ____Soft ____Soft Toric or Astigmatism Correcting ____Hard / Gas Permeable

Number of years you have worn contact lenses? Years: _____

Were they mono-vision (one eye near, one eye far) or multi-focal lenses? Yes_____ No_____

In preparation for your exam today, what is the date or length of time you took out your contact lenses? Date:_____

(Note: if you are having a full exam, you should be out of contact lenses prior to your evaluation: Soft=5 days / Toric=2 wks / Hard=8wks)

****If NO:** Have you ever tried contact lenses? Yes_____ No _____

When you tried the lenses, how long did you wear them? _____years / months / days

What type were the lenses? ___Soft ____Soft Toric ____Hard / Gas Permeable

Have you ever had any prior eye surgery? If yes, please describe:

_____ ☐ None

Have you ever had an eye trauma (i.e. scratched cornea, something lodged in eye, etc.)? If yes, please describe:

_____ ☐ None

Have you ever been diagnosed with an eye condition / disease? (i.e. glaucoma, strabismus, keratoconus, lazy eye as a child, etc.)? If yes, please describe:

_____ ☐ None

Any family history of eye problems (i.e. cataracts, macular degeneration, retinal detachment, etc.)? If yes, please describe and note your relationship to the individual (i.e. cataracts-grandmother, glaucoma-father, etc.)

_____ ☐ None

_____

Do you have any of the following? (Please check all that apply)

☐	Diabetes (Type I)	☐	Rheumatic disorders	☐	Auto-immune deficiencies (Lupus, HIV, colitis, etc.)
☐	Diabetes (Type II)	☐	Stomach ulcers	☐	Pregnant or actively trying to become pregnant**
☐	Pacemaker	☐	Keloid scarring	☐	Breastfeeding**
☐	Bleeding Disorders	☐	Herpes Simplex / Zoster (i.e. Cold Sores or Shingles)		** If pregnant or nursing please call the office prior to your appointment

☐ Other:_____ ☐ None

Do you smoke? ___Yes ___No	Do you drink alcohol? ___Yes ___No	Your height _____
Do you use a CPAP? ___Yes ___No	If yes, how many drinks per week?_____	Your weight_____

MEDICATIONS

Are you taking any of the following (please indicate with a √):

___ Prescription migraine medication (i.e. Imitrex or Accutane). If yes, date last taken:_____

___ Blood thinners (i.e. Coumadin, Plavix, Warfarin) ☐ None

Please list any medications and the condition you are treating:

_____ ☐ None

_____

Any allergies to medications (i.e. latex, iodine, valium, antibiotics, steroids, etc.) If yes, please list:

_____ ☐ None

_____

LASIK POST-OPERATIVE INSTRUCTIONS

PREPARING FOR THE DAY OF YOUR PROCEDURE…

1. **PLEASE REMOVE ALL EYE MAKE-UP.** You may resume wearing make-up after 1 week.
2. **PLEASE WEAR WARM CLOTHING FOR YOUR PROCEDURE**. the laser suite is humidity controlled, and tends to be cool.
3. **DO NOT WEAR CLOTHING THAT FITS TIGHTLY AROUND YOUR NECK** on surgery day or the first few days after surgery, as you will want something easy to pull off that won't rub against your eyes.
4. **PLEASE DON'T WEAR ANY PERFUME OR COLOGNE** on surgery day as it may affect the laser.
5. **BRING YOUR PRESCRIPTIONS WITH YOU ON SURGERY DAY** – Do not use the Moxifloxacin or Prednisolone until after your procedure, but we may need it during surgery. ***Do not take the Valium*** until we give it to you at the office.
6. **BE PREPARED TO HAVE SOMEONE PICK YOU UP** after surgery. You will be in our office a total of 45 minutes to 1 hour on surgery day. For their convenience, we will collect their phone number and contact them 15 minutes prior to pick up time.
7. **DO NOT WEAR SOFT CONTACTS FOR 5 DAYS**, toric lenses for 2 weeks or hard contacts for 8 weeks before surgery.

About your eye drops…

1. **Moxifloxacin** is an antibiotic drop. This is used for 1 week. **Our office will write / call in a prescription the week of your surgery**. Please bring the eye drop with you on surgery day.
2. **Prednisolone Acetate** is an anti- inflammatory drop. This is used for 1 week. **Our office will write / call in a prescription the week of your surgery**. Please bring the eye drop with you on surgery day.
3. **Preservative Free Artificial Tears** lubricate the eye and reduce tearing. They should be used every half-hour (while awake) for 1 week, and every hour for 1 month after surgery. If your eyes are dry, feel free to use the preservative free tears more frequently. **You should pick up an economy size box (70 vials +) of preservative free tears for use after surgery**.

QUICK REFERENCE GUIDE

DAY	MOXIFLOXACIN	PREDNISOLONE ACETATE	ARTIFICIAL TEARS
1	3 times (after surgery). We will administer 1 drop prior to surgery.	3 times (after surgery). We will administer 1 drop prior to surgery.	1 drop every ½ hour (while awake only)
2 - 7	1 drop 4 times per day (breakfast, lunch, dinner, bedtime)	1 drop 4 times per day (breakfast, lunch, dinner, bedtime)	1 drop every ½ hour. After 1 week, use every hour for 3 weeks.

USING YOUR EYEDROPS

- Wash your hands before instilling any drops.
- Shake your bottle before using it.
- Only one drop per eye is required. If you think you missed your eye, feel free to place another drop in.
- Be careful not to touch your eye or eyelashes with the eye drop tip as you may infect your bottle.

MOXIFLOXACIN & PREDNISOLONE ACETATE

- Moxifloxacin & Prednisolone should be used together 4 times per day (breakfast, lunch, dinner, bedtime). Starting with surgery day as "Day 1", you should use these drops for a total of 7 days (i.e. If surgery is Thursday, you would use them up to and through the following Wednesday).
- On surgery day, we will be giving you 3 drops of Moxifloxacin and 1 drop of Prednisolone. We need you to get 3 more drops of Moxifloxacin (tan bottle cap) and 3 more drops of Prednisolone (pink bottle cap) in your eyes by the end of the day. The first set of drops (Moxifloxacin and Prednisolone) should start as soon as you arrive home from surgery and before you lie down for your initial nap.
- It doesn't matter what order you put in the Moxifloxacin and Prednisolone, just as long as you space them out about 1 minute apart (i.e. 1 drop of Moxifloxacin then 1 minute later a drop of Prednisolone).
- It is not unusual to "taste" the eye drops after putting them in. Although unpleasant, this is normal.
- Prednisolone is a "milky" color and may cause your vision to be hazy for a moment or two. Moxifloxacin is a clear eye drop.

PRESERVATIVE FREE TEARS

- These should be used every ½ hour (while awake) during your first week after surgery and then once every hour during your first month.
- We encourage you to use these eye drops more frequently if you feel your eyes are dry. Preservative Free tears greatly help with the healing process and will help your vision improve quicker.
- If you get something in your eye within a month after surgery, such as an eyelash, please ONLY use the preservative free drops to try to dislodge it. If you can't flush it out with your preservative free tears, call your eye doctor or our office to have it removed.
- NEVER use saline solution, Visine, or any other type of eye drop during your first month after surgery unless told to do so by an eyecare professional. If you require eye drops due to allergies, contact our office or your primary eye care physician for suggestions on eye drops that will not damage your eyes the first month after LASIK procedures.

IMMEDIATELY AFTER SURGERY

- **DO NOT READ, WATCH TV, GO ON THE COMPUTER, GO OUT TO DINNER, ETC.,** for the remainder of the day after surgery. Rest your eyes as much as possible, and perhaps sleep or nap, during the first few hours after the procedure.
- Because your eyes are still numb from the anesthetic drops, blink your eyes frequently to ensure the eyes stay moist. DO NOT "SQUEEZE BLINK", as this may damage the flap. Your eyes will remain numb for about 30-45 minutes after you leave our office.
- Your eyes may feel slightly scratchy or burn with excessive tearing. This is normal and will resolve after a few hours. Keeping your eyes shut will greatly reduce the healing time and assist with discomfort. You may also consider Ibuprofen or Tylenol.
- While awake, be sure to use the Preservative Free eye drops every ½ hour. Your eyes may be red and teary. Do not assume your eyes are sufficiently lubricated because they are tearing. This lost fluid must be replaced with preservative free tears.
- Use the goggles when sleeping for the first 5-7 nights to protect yourself from accidentally rubbing your eyes.
- Please do not drink alcoholic beverages for the first 12-24 hours after surgery. Alcohol has a drying effect on the eyes.

YOUR FIRST 7 DAYS AFTER SURGERY

- Continue to use the Moxifloxacin and Prednisolone 4 times per day (breakfast, lunch, dinner and bedtime) for a total of 7 days.
- Use the preservative free tears every ½ hour while awake (or more if you feel your eyes are dry).
- It is not uncommon for your vision to be slightly blurry in one eye or another from time to time. This is part of the healing process and often due to dryness. Increase the use of preservative free tears.
- Do not wear eye makeup for the first week after surgery. You may want to consider purchasing new eye makeup. Particularly mascara and/or eyeliner to ensure cleanliness.
- Do not touch or pat any area around the eye the first week after surgery. Your eye area is considered everything between your cheekbone and eyebrow.
- Avoid swimming, Jacuzzi's, Hot Tubs and dirty, dusty or smoky environments for at least 3-4 weeks.
- Wash your face using a washcloth being careful to wash around the eye area. When taking a shower keep your eyes closed and make every effort to prevent the shower water from hitting your face. Some find that wearing goggles or holding a washcloth in front of the face is helpful.
- Most normal activities are permitted and will not influence the outcome of your surgery. We suggest waiting 4-5 days after surgery for regular exercise or sports. For sports, please consider purchasing eye protection. Sports goggles can be purchased either at our office, sporting goods shops or major retail outlets. Be sure to purchase goggles that don't rest closely to the eye.
- Be careful to avoid sweat entering the eye. A bandana or headband while working out may assist you.
- Motorcycles and convertibles are not recommended for the first few weeks after surgery.
- Since airplane cabins are pressurized, flying is not a problem, however the air in an airplane tends to be dry and you may notice a need for increased use of preservative free tears. Because tears are in sealed individual vials, they are considered acceptable through gate security.
- Although rare, it is not uncommon to see a small amount of bleeding in the whites of your eye. This is called a subconjunctival hemorrhage, or a bruise of the eye. This will resolve in a few weeks.
- Be careful when removing clothing. Try to avoid clothing that fits tight around the neck such as turtlenecks for the first week of surgery, including surgery day.
- It is not uncommon to see "halos" at night around headlights or bright objects for the first week to 3 months. This will gradually decrease in intensity and may eventually go away.

If you have questions, don't hesitate to contact us at 603-501-5000 or after hours in an emergency, please call our answering service at 603-964-9192 to reach the MD on call.

concerned if in the days following your surgery, you do not have the reading ability that you thought you would. This is part of the normal healing process.

Please take the time to fully consider your options, as the decision to have monovision or full distance correction is entirely personal preference. Remember to take into account your lifestyle, working environment, and leisure activities when making this decision.

N. Timothy Peters, MD

Christopher Turner, OD

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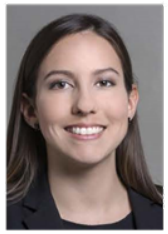

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Monovision, Mini-Monovision and Presbyopia

Important information for patients over 40 who are considering LASIK procedures

Clear Advantage
Vision Correction Center

Monovision, Mini-Monovision and Presbyopia

It is important that you understand that refractive surgery **DOES NOT PREVENT** the age-related loss of the eye's ability to focus on near objects. This process is called **PRESBYOPIA** (literally- "old vision"). If you are over 40 and have both your eyes fully corrected for distance vision, you will eventually become more and more dependent upon reading glasses for near vision. As an alternative to reading glasses, you may elect to leave one eye somewhat nearsighted; an outcome called **MONOVISION**.

This booklet is designed to provide the background information needed for you to decide whether you should consider **MONOVISION** laser correction. Of course, careful discussion with one's doctor is extremely important when considering this treatment. If you are approaching or are over the age of 40, please discuss **MONOVISION** with your doctor so that an appropriate surgical plan can be made.

Vision Correction Surgery for People with Presbyopia

If you are nearsighted, over the age of 40, and accustomed to removing your glasses for close work, you need to give extra thought to vision correction surgery. As the lens inside the eye begins to enlarge and crystallize, it becomes harder and harder for it to change shape to focus on near objects. Therefore, one can either view objects clearly up close **OR** far away (but not both). People over 40-45 usually require glasses for near and intermediate tasks if the goal of their surgery is to focus both eyes for distance objects.

One strategy that allows presbyopic patients to retain some reading vision is to correct one eye for distance and leave the other slightly nearsighted. This technique is called **MONOVISION**. If you are over 40 and a contact lens wearer, your eye care provider may have already demonstrated **MONOVISION** to you by giving you one contact lens that does not fully correct your distance vision. The majority of those patients who give monovision an adequate trial adapt to it successfully. Those patients who do not use monovision will simply wear reading glasses for near and intermediate work. It may take 3 to 4 weeks for patients who ar first exposed to **MONOVISION** to get used to it, however some can never adapt. Therefore, patients considering **MONOVISION** for laser vision correction should first attem to simulate it with contact lenses. Patients, who tolerate **MONOVISION,** can then consider duplicating this correctio with laser treatment. If you typically look through a camera with your right eye (dominant eye), for example, then the le (non-dominant eye) is routinely used as the monovision or near eye.

You should consider that presbyopia is a progressive cond tion that starts around the age of 40. Regardless of the pre ous need for glasses in younger years, everyone will need some form of near and intermediate correction between 40 70 years old. In addition, the power necessary to maintain near vision clarity will increase with age (due to the eye's n ural lens aging). So while at age 45 you may require a +1.5 reading prescription power, by the age of 55 a power of +2 may be necessary. The +1.50 power that gave you good n clarity at age 45 may now, at age 55, be more appropriate intermediate or mid-range vision. Consequently, the amou of monovision correction with LASIK surgery will change as the eye naturally ages. However there is still great benefit t having some amount of undercorrection and retaining gooc mid-range vision in later years. Consider that many of the things that you do, like looking at your dash board, seeing food on your plate, working on a computer, reading a menu a restaurant or a label on a can are all mid-range tasks.

Another option for patients who cannot adapt to **MONOVISION** is what we call **MINI-MONOVISION**. Instead of lea ing one eye undercorrected to the full correction needed to be able to see close objects sharply, only a slight undercor rection is left (about –0.50 to –0.75D). Most patients will to erate the small discrepancy between eyes without noticing This is easily demonstrated at the time of your pre-operativ evaluation.

Finally, it can take one to three months for your vision to st bilize. In general, the greater your pre-procedure prescrip- tion, the longer it will take to stabilize. You should not be