Refractive Lensectomy

R E F R A C T I V E   L E N S E C T O M Y

Welcome to Southern Eye Associates!

We are so pleased that you have taken the first step toward your refractive procedure at Southern Eye! We have put together this patient packet to help you prepare for your upcoming visit with us. Please take a moment to review and complete the enclosed forms and bring them with you for your appointment.

Included in this packet:

- Refractive Patient Registration Form
- Refractive Patient Medical History and Questionnaire
- Informative Brochures about your procedure
- Frequently Asked Questions about your procedure
- Map and Directions to our clinic.

Before Your Clinical Exam...

Contact lenses can temporarily change the shape of your eye by applying pressure to the cornea. In order to acquire the best measurements for your procedure, we ask that all contact lens wearers remove their contacts for a period of time before the dilated eye exam, depending upon which type of lens is worn.

Soft Lenses: Do NOT wear your contacts for **10 days** prior to your dilated exam.

Toric Lenses: Do NOT wear your contacts for **14 days** prior to your dilated exam.

Extended Wear Contacts: Do NOT wear your contacts for **30 days** prior to your dilated exam.

Gas Permeable Lenses: Do NOT wear your contacts for **30-90 days** prior to your dilated exam.

Corneal Mold Lenses: Do NOT wear your contacts for **90 days** prior to your dilated exam.

- Your eyes will be dilated during your exam. The dilation may last for 24 to 48 hours.
- Because your dilation will likely cause some light sensitivity and blurred vision, we highly recommend arranging for someone to drive you home after your appointment.
- The cost of the full dilated eye exam is $150. If surgery is scheduled within three months of your exam, this fee will be deducted from the cost of surgery.

If you have any questions, please feel free to call us at **(901) 683-4600**.

5350 Poplar Avenue, Suite 950 • Memphis, Tennessee 38119 • Phone: 901-683-4600 • Fax: 901-683-8401
Email: info@southerneyememphis.com • Visit us on the Internet at www.southerneyememphis.com

Refractive Patient Registration Form

LAST Name: ______________________ FIRST Name: __________________ M.I.______

Street Address: ______________________________ City: ______________________

State: _______ Zip: _________ Home Phone: (_____)______________ Cell Phone: (____)______________

DOB: ____/____/____ Age: ______ ☐ Female ☐ Male SSN:________________ Race: ____________

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

What is your Preferred Method of Contact? ☐ Home Phone ☐ Work Phone ☐ Cell Phone

Employer's Name: ______________________________ Work Phone: (_____)__________________

Employer's Address: ____

City: ________________________ State: __________________ Zip: ____________

Employment Status: ☐ Full Time ☐ Part Time ☐ Military ☐ Retired

Are you a pilot? ☐ Not a pilot ☐ Commercial ☐ Military ☐ Recreational

Emergency Contact: ____________________________________ Relationship: __________________

Home Phone: (____)_____________ Work Phone: (____)_____________ Cell Phone: (____)_____________

Do you wear contact lenses? ☐ Yes ☐ No If Yes, what type of contact lenses? ☐ Soft ☐ Hard

Number of days instructed to not wear contact lenses: _______________

How did you hear about Southern Eye Associates? ______________________________________

Do you have an **optometrist?** ☐ Yes ☐ No May we contact them? ☐ Yes ☐ No

If yes, what is their name? __________________________ Their Location: ____________________

For Office Use: Post-Op With: ☐ SEA ☐ Network OD:____________________________________

Optometrist's Phone: _______________________ Optometrist's Fax: _______________________

Request for Care and Consent for Treatment

I am requesting medical services by **Southern Eye Associates, PLLC,** located at **5350 Poplar Avenue Suite 950, Memphis, Tennessee 38119**, and consent to such care and treatment as is ordered by the treating physician.

Authorization to Release Medical Records and Information

This authorizes you to release to **Southern Eye Associates, PLLC**, located at **5350 Poplar Avenue Suite 950, Memphis, Tennessee 38119,** their agents or representatives, full and complete medical records, reports, evaluations, consultations or information (hereinafter collectively referred to as "medical records") you may have in custody concerning the undersigned patient. The undersigned represents and warrants that he/she has full authority to request said records and to agree to all the conditions recited herein.

The undersigned expressly releases and forever discharges and agrees to indemnify and hold harmless **Southern Eye Associates, PLLC**, its directors, officers, agents, employees, successors and assigns from any and all claims, damages, actions, causes of action or suits of any kind or nature whatsoever arising out of, or from, the release of any medical records pursuant to this authorization.

________________________________ ___________________________ ____________

Signature of Patient/Responsible Party **Signature of Witness** **Date**

Record of Medical Care and Refractive History Questionnaire

Last Medical Exam: _____/_____/_____ Last Eye Exam: _____/_____/_____ Your weight: _________ lbs.

Primary Care Physician: ________________________ Location:____________________ Phone #: (____)_______________

Have you been pregnant or nursing within the past 6 months? ☐ Yes ☐ No

Are you planning a pregnancy within the next 6 months? ☐ Yes ☐ No

Do have any allergies to medications, latex, or betadine? ☐ Yes ☐ No

If yes, please explain:____

List **any** medications you take (including prescriptions, over the counter medications, and home remedies): ☐ None

____

Are you currently taking any of the following medications? ☐ None ☐ Coumadin ☐ Imitrex
☐ Acutaine ☐ Amiodarone (Corarone) ☐ Allergy (including OTC) ☐ Vitamins ☐ Diet Meds

List **all** major injuries, surgeries, and hospitalizations you have had in the past: ☐ None

____

List **any** of the following that you have had in the past: crossed eyes, lazy eye, drooping eye lid, prominent eyes, glaucoma, retinal disease or detachment, cataracts, eye infection, iritis, or eye injury: ☐ None

____

Personal Health History

Please check any **personal** history of the following:

Glaucoma	☐ Yes ☐ No	Sjogrens Syndrome	☐ Yes ☐ No	HIV	☐ Yes ☐ No
Tears / Disease	☐ Yes ☐ No	Thyroid Disease	☐ Yes ☐ No	Lupus	☐ Yes ☐ No
Retinal Detachment	☐ Yes ☐ No	Diabetes	☐ Yes ☐ No	Herpes	☐ Yes ☐ No
Arthritis	☐ Yes ☐ No	Gout	☐ Yes ☐ No	Other	☐ Yes ☐ No

Do you currently have or have you ever had any problems in the following areas? If Yes, please explain.

Loss of Vision	☐ Yes ☐ No ______________	Dryness	☐ Yes ☐ No ______________
Loss of Side Vision	☐ Yes ☐ No ______________	Redness	☐ Yes ☐ No ______________
Loss of Central Vision	☐ Yes ☐ No ______________	Itching	☐ Yes ☐ No ______________
Distorted Vision	☐ Yes ☐ No ______________	Burning	☐ Yes ☐ No ______________
Blurred Vision	☐ Yes ☐ No ______________	Sandy or Gritty Feeling	☐ Yes ☐ No ______________
Double Vision	☐ Yes ☐ No ______________	Foreign Body Sensation	☐ Yes ☐ No ______________
Glare/Light Sensitivity	☐ Yes ☐ No ______________	Excess Tearing/Watering	☐ Yes ☐ No ______________
Halos Around Lights	☐ Yes ☐ No ______________	Mucous Discharge	☐ Yes ☐ No ______________
Flashes of Light/Floaters	☐ Yes ☐ No ______________	Chronic Infections	☐ Yes ☐ No ______________
Eye Pain or Soreness	☐ Yes ☐ No ______________	Stye or Chalazion	☐ Yes ☐ No ______________
Tired Eyes	☐ Yes ☐ No ______________		

______________________________________ ______________________________________

Signature of Technician **Signature of Doctor**

Patient's Name: ____ **Date:** ______________

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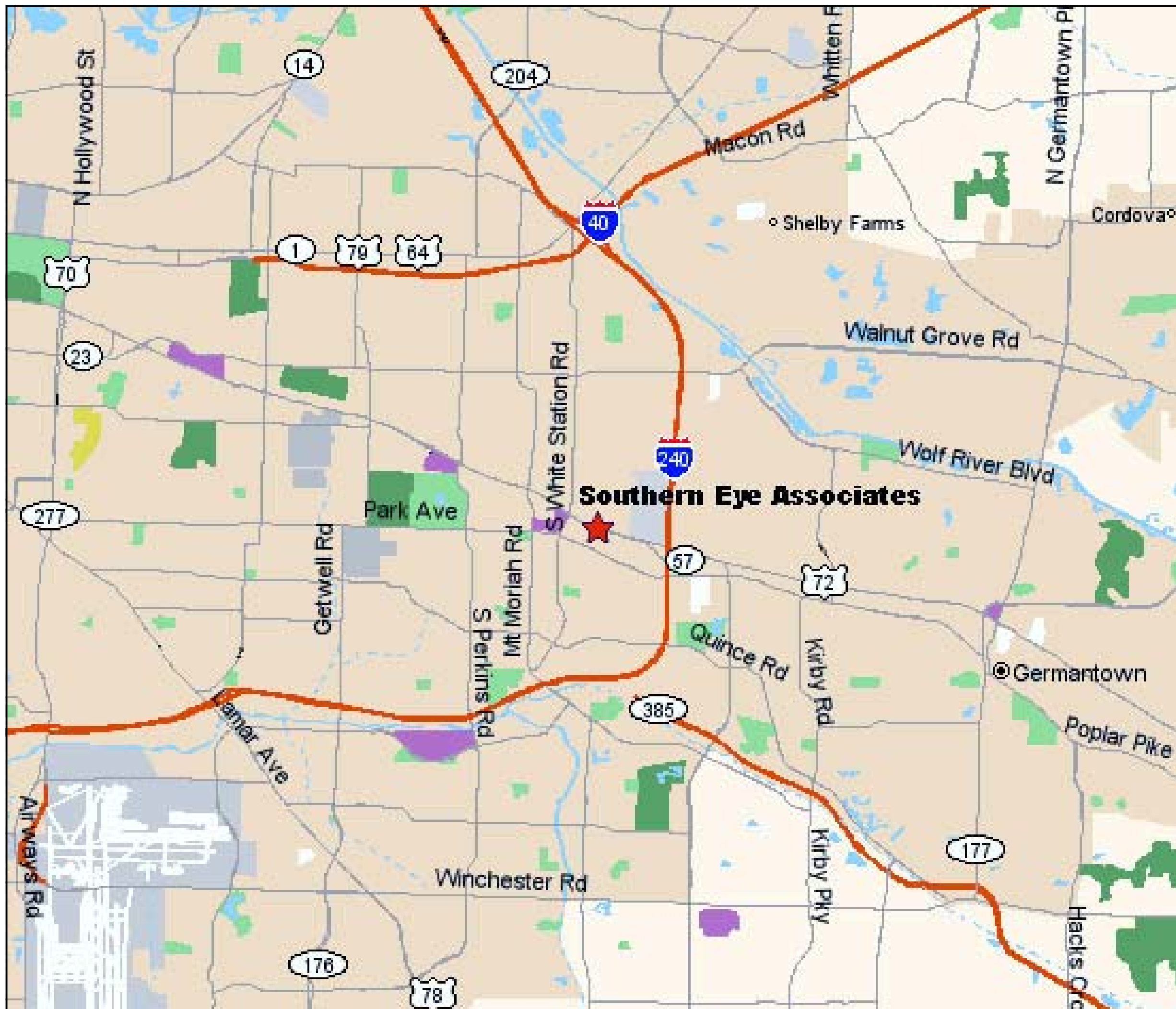
Directions to Southern Eye Associates

SOUTHERN EYE ASSOCIATES PLLC



Directions from I-240:

Take **I-240** to the **Poplar Exit** and travel **West** on **Poplar Avenue** for **0.5 mile**. Southern Eye Associates is at **5350 Poplar Avenue**, in the black Suntrust Bank building on the corner of **Poplar and Estate** next to **Bennigan's Restaurant**. We are located on the ninth floor.

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