

EPI-LASIK INFORMED CONSENT

PLEASE READ THE FOLLOWING PAGES CAREFULLY AND INITIAL AND SIGN WHERE INDICATED. PLEASE DO NOT SIGN ANY SECTION THAT YOU HAVE NOT READ OR DO NOT UNDERSTAND.

INTRODUCTION: It is our hope to fully inform you concerning the side effects, limitations and complications of epi-LASIK. We continually struggle to balance the benefits of laser surgery with the known and unknown risks. It is important to understand that it is impossible to perform any form of surgery without the patient accepting a certain degree of risk and responsibility. This consent form in combination with the extensive educational materials provided and the entire consultation process is designed to enhance your understanding of the potential for difficulties that may be encountered during both the procedure and the healing process. Please understand that the only difference between epi-LASIK and PRK is the way the superficial eye skin is removed. With epi-LASIK, the skin on the cornea of the eye is removed with an automated machine, whereas with PRK, the skin is removed by manual scraping, with or without the use of a weak solution of alcohol to loosen the skin prior to removal. The rest of the procedure is **exactly the same**. The actual Laser Vision Correction with the excimer laser is **exactly the same**. If epi-LASIK is the attempted procedure, rarely it will not be able to be performed due to anatomical features of a particular eye. In that situation, the procedure is always converted to a PRK, and this conversion will not affect the final outcome of your procedure in any way, shape or form.

Many of our patients are surprised and some are upset by the extent to which we attempt to inform them of the potential for complications. It is not our intention to frighten or dissuade someone from pursuing laser surgery, as most of our patients will never encounter any serious complications, and the vast majority are pleased with the improvement they achieve. It is our intention, however, to accurately outline the associated risks to all candidates so that they may either elect not to accept the risks associated or be better prepared to deal with any unexpected complication or side effects which may arise. Epi-LASIK is purely an elective procedure, and you may decide not to have this operation at all. The only way to avoid all surgical risk is by not proceeding with surgery. Among alternatives are: eyeglasses/spectacles; contact lenses; laser assisted in situ keratomileusis (LASIK); photorefractive keratectomy (PRK); radial keratotomy (RK); automated lamellar keratoplasty (ALK); orthokeratology; hexagonal keratotomy; intracorneal ring segments (ICRS), holmium laser thermokeratoplasty (LTK), refractive phakic and pseudophakic lens implants and corneal relaxation incisions.

Patient Initials: _____

OFF-LABEL: Most refractive conditions are approved for treatment by the United States Food and Drug Administration (FDA) using several excimer lasers. The excimer laser is not indicated by the FDA to correct certain refractive conditions. However, it is legal to treat these certain refractive conditions **OFF LABEL** on a case-by-case basis when judged by your surgeon to be the best course of action for the treatment of your particular eye condition using the excimer laser. **OFF LABEL** treatment with chemicals to prevent scarring may also be used. These chemicals are being used **OFF LABEL** in other types of eye surgery to prevent scarring. Your Doctor can provide you with the exact refractive conditions that have been approved by the FDA for epi-LASIK treatment and those that are off label.

Patient Initials: _____

PRE-PROCEDURE and POST-PROCEDURE CARE:

The screening examination performed by your eye doctor is intended to assess candidacy for refractive surgery based upon the corneal shape, prescription and other ocular and visual findings, but not to identify or treat eye disease. Ocular disease may be present prior to refractive surgery or may develop after surgery, but it is unrelated to laser surgery. Refractive surgery will not treat ocular disease. You should have a complete eye examination with retinal evaluation prior to refractive surgery and annually thereafter to identify and treat ocular disease. In general, patients with higher degrees of myopia have a higher risk of retinal problems and reducing the degree of myopia with laser vision correction does not lower the risk. Patients who wear contact lenses must discontinue their use prior to laser vision correction to allow the cornea to return to its natural contour, Soft contact lenses must be removed at least 3 days prior to surgery and overnight use requires the lenses to be discontinued 10 days to two weeks prior to the procedure date. Candidates with rigid gas permeable lenses must discontinue their use 1-3 months prior to epi-LASIK. Post-operative follow-up care with an eye care professional is recommended for 1 year to monitor epi-LASIK healing, then yearly for routine eye care. If an additional or "enhancement" procedure is needed or a complication occurs, a patient may be required to return to the surgical facility. The final clinical results are dependent upon how your body heals in response to the laser effect on your eye and upon properly following your post-operative care instructions. Healing times can vary because of multiple factors, such as patient age.

Due to individual healing patterns, it is impossible to guarantee exact results in individual cases even though the laser is calibrated and tested on plastic plates prior to treatment. Some patients either over or under respond to the laser and thus may have some residual optical error as a final result.

DIAGNOSIS: You have been diagnosed with myopia (nearsightedness) or hyperopia (farsightedness), with or without astigmatism.

INDICATIONS FOR epi-LASIK PROCEDURE: The epi-LASIK procedure is intended for use:

- . In patients whose stable refraction is within +/- 0.50 diopters both in sphere and /or astigmatism for 1 year prior to laser treatment.
- . In patients who are at least 18 years of age.
- . In patients who have been clearly informed of all alternatives.

CONTRAINDICATIONS:

FOR ALL PATIENTS: By initialing below, you are certifying that you are at least 18 years of age. You also confirm that you understand that the following conditions may present a reason not to undergo epi-LASIK surgery, so you agree to disclose these or other medical conditions to your eye doctor:

- . vascular disease
- . autoimmune disease, immunocompromised or on drug therapy suppressing the immune system
- . keratoconus (patients with this condition may have unstable corneas). Corneal ectasia is a steepening of the cornea that can worsen with time and can lead to a reduction in visual acuity. In some cases, ectasia may be associated with keratoconus or related corneal disorder. Keratoconus is a relatively rare degenerative corneal disease affecting vision. that occurs in approximately 1/2000 in the general population. While there are several tests that suggest which patients might be at risk, this condition can develop in patients who have normal preoperative topography (a map of the cornea obtained before surgery) and pachymetry (corneal thickness measurement) testing. Since keratoconus and related disorders may occur naturally, there is no absolute test that will ensure a patient will not develop ectasia following laser vision correction. Severe ectasia may need to be treated with a corneal transplant while mild ectasia can be corrected by glasses or contact lenses.
- . pellucid marginal degeneration
- . history of keloid formation (unpredictable corneal healing response)
- . Herpes Simplex or Herpes Zoster Virus
- . residual, recurrent or active ocular disease(s) or abnormality except for myopia, hyperopia or astigmatism in either eye
- . active or residual disease(s) likely to affect wound healing
- . unstable or uncontrolled diabetes
- . progressive myopia or hyperopia
- . amblyopia (lazy eye)
- . glaucoma; or
- . presence of a pacemaker, insulin implant or other implanted electronic device in the patient

In addition, you should inform your doctor of any medications you may be taking, so as to account for the risk of allergic reactions, drug reactions, and other potential complications during epi-LASIK surgery and subsequent treatment.

Patient Initials: _____

If applicable (FEMALE PATIENTS ONLY): You should understand that pregnancy could adversely affect treatment results. By initialing below, you are confirming that you are not pregnant, nursing, or plan to become pregnant in the near future. If it is possible that you are pregnant, you agree to take a pregnancy test before undergoing the epi-LASIK procedure. If the results are positive, you agree that you will not undergo the epi-LASIK procedure unless the results are proven incorrect, or you will reschedule treatment after pregnancy and nursing. If you do become pregnant in the 6 months following treatment, you agree to notify your eye doctor immediately.

Patient Initials: _____

CONFIDENTIALITY: By initialing below, you give permission for the medical data concerning your surgery and subsequent treatment to be submitted to Dr. Braverman, to the manufacturer of the excimer laser, and to regulatory authorities or otherwise used for record keeping, statistical analysis, marketing and/or quality control. Patient identity will be strictly confidential in any dissemination of such data.

Patient Initials: _____

RISKS AND COMPLICATIONS: The majority of reactions /complications after the epi-LASIK procedure occur in association with the healing process that takes place after the procedure and are usually resolved within one to three months after the procedure. However, it is possible that some of these reactions/complications could be longer-term or permanent.

PAIN may be experienced during the first 24 -72 hours after surgery. It is very common to experience a foreign body sensation during this time similar to an eyelash in your eye. Patients may be light sensitive. Eye tearing is common and the eye may be red or swollen. Patients experiencing pain will be provided with medication to take if necessary. Fortunately pain is not always a sign of complication, but daily or more frequent examinations may be required if pain is persistent.

Patient Initials: _____

NIGHT VISION DIFFICULTY or NIGHT GLARE or HALOS: is very common early on in the healing process and is more common when only one eye has been treated. Glare is a sensation produced by bright lights causing discomfort and annoyance. Halos are hazy rings surrounding bright lights at night. A patient's vision may not seem as sharp at night as during the day, and the patient may need to wear glasses at night. Typically, 6 months after both eyes have been treated, only a small percentage of patients still experience significant night glare or halos or other difficulty with their night vision which interferes with their night driving. Patients with large pupils, astigmatism, and severe myopia are at greatest risk for night glare. Custom treatment can reduce the incidence of glare and halos at night.

Patient Initials: _____

BLURRINESS/LOSS OF BEST-CORRECTED VISUAL ACUITY: Blurriness is very common during the healing process. After epi-LASIK, there is considerable improvement in vision within the first several days. It generally requires 3-10 days until vision is clear enough to drive however it may even take longer. Approximately 80% of visual recovery occurs within the first week, with the last 20% of vision improving over 3-6 months and up to a year. Approximately 1-2% of patients independent of the procedure performed will develop corneal irregularities reducing the sharpness, crispness, and clarity of their vision preventing them from reading the bottom 2 or more lines on an eye chart that glasses, contacts or another surgery cannot restore. That is, initial blurriness resolves in approximately 98%-99% of patients over 6-12 months, however it may be permanent in approximately 1-2% of treated patients. There is no way of predicting or pre-determining who will be in this 1-2%. A patient who loses sharpness, will have best corrected vision that is worse than the vision before surgery, the tradeoff being that unaided vision will be far superior to the pre-treatment unaided vision. All forms of eye surgeries possess the same or higher risk for loss of best-corrected visual acuity. Loss of best corrected visual acuity means that the best vision you can achieve with glasses or contacts after epi-LASIK may not be as good as the best vision you achieved with glasses or contacts before epi-LASIK. Therefore, it is possible that a patient may not be correctable to 20/20 after the procedure (even though they were before the procedure) should a healing or surgical complication occur.

Patient Initials: _____

INFECTION. There is a risk of infection during the healing of the outer protective layer (epithelium). This healing generally takes 3 days, however it can take a week or even longer. The patient is most at risk for infection until the epithelium is completely grown back. Vision remains blurry during the surface healing. Make-up, swimming and possible contamination should be avoided during this time. A serious corneal infection can result in scarring, a permanent reduction in vision, and even complete loss of vision. However, the risk of severe corneal infections is rare.

Patient Initials: _____

UNDER OR OVER-RESPONSE: Refractive problems that may be encountered include too much correction, too little correction, a prescription imbalance between eyes, aggravation of muscle imbalance problems or a loss of effect from regression. Epi-LASIK may result in over-corrections and under-corrections due to the variability in patient healing patterns and other surgical variables, leaving patients nearsighted, farsighted or with astigmatism. This may or may not require patients to wear spectacles, contact lenses or undergo further surgery. Further surgery entails additional risk and is not guaranteed to provide an ideal visual outcome, although improvement is typically achieved. Patients may also heal differently between eyes, based upon differences between eyes in pre-operative prescriptions, corneal curvature, variation in healing or other surgical variables. Differences in refraction between eyes is termed anisometropia; this is most severe when only one eye is treated, and may result in a loss of depth perception, eyestrain, headache, double vision and the need for contact lenses. Both farsightedness and anisometropia may result in worsening of pre-existing muscle balance problems, causing an eye to wander more or produce eye fatigue. Lastly, depending upon the severity of the original prescription, the individual healing pattern of the patient and other surgical variables, regression may occur causing the eyes to return toward their original prescription, partially or very rarely, completely. Further enhancement surgery may be performed when medically stable, if adequate corneal tissue is available and no other medical contraindications are present.

Patient Initials: _____

PRESBYOPIA / MONOVISION: Presbyopia, the normal aging change of the internal near focusing structures of the eye, naturally causes people to need reading glasses in their 40's or 50's. If you need bifocals or reading glasses now, you may still need reading glasses after epi-LASIK. If you don't wear reading glasses now, you will most likely need them as you age, whether or not you have epi-LASIK. Epi-LASIK does not stop the natural aging process. It is possible that in some patients a full correction of distance vision with the laser procedure may mean that reading glasses are needed at an earlier time than if the patient did not have the laser procedure. One possible option is monovision. In monovision the aim is to have one eye under-corrected (i.e. not fully corrected for distance vision) in order to help reading vision. This involves giving up a little distance sharpness. Night driving glasses are more common with patients who have monovision, and reading glasses may still be required for fine print or prolonged reading **BUT** overall dependence upon glasses and contacts is still dramatically reduced. Monovision helps with simple near tasks such as opening mail, reading price tags, or looking at one's wristwatch. Patients, who desire the best distance or night vision unaided, such as golfers, should avoid monovision. In our experience, people over 40 should consider monovision. Over 40 years, a slight mono may be helpful and for patients over 50 years of age, full monovision may be considered.

Please circle the option you prefer:

MONOVISION NO MONOVISION SLIGHT MONOVISION

RIGHT / LEFT EYE (CIRCLE ONE) FOR READING UP CLOSE (IF MONOVISION IS CHOSEN)

Patient Initials: _____

REGRESSION/OTHER CHANGES TO THE EYE: You may experience regression in the visual acuity initially obtained from epi-LASIK, so vision may partially or, very rarely, completely return to the level where it was prior to having this procedure. This might occur soon after surgery or years later. Again, epi-LASIK does not stop the natural aging process. In addition, epi-LASIK will not prevent you from developing naturally occurring eye problems, such as glaucoma, cataracts, or retinal degeneration or detachment.

Patient Initials: _____

ANISOMETROPIA: When only one of a patient's eyes is treated, and the unoperated eye is nearsighted, this may result in **anisometropia**, where two eyes do not focus in the same place or aniseikonia (difference in imaging sizes between the two eyes). This can cause eyestrain, headache and/or double vision or difficulty with distance or depth perception. A patient may have to wear a contact lens or possibly glasses for the unoperated eye to correct this condition.

Patient Initials: _____

IRREGULAR ASTIGMATISM: This means the smooth surface of the cornea heals in an irregular pattern. Some irregularity is common for the first several weeks, rarely longer. If irregular astigmatism persists beyond six months, we then consider it abnormal and in rare cases it could be permanent. This can result in blurriness and loss of best-corrected visual acuity.

Patient Initials: _____

CENTRAL ISLANDS: With this condition, the cornea heals in an irregular fashion within the central 3.0 mm. This results in decreased best-corrected and uncorrected acuity, doubling or shadow images. If this does occur, it is usually self-limiting, resolving on its own within three to twelve months. If it does not resolve itself within that time, then an additional laser procedure may be necessary. However this central island may rarely be permanent. We cannot predict who will develop a central island, however it is very rare with the LADARvision laser, which is a flying spot laser.

Patient Initials: _____

DECENTERED ABLATION: This condition means the laser's ablation or "zone" of correction is not aligned with the patient's visual center or axis. If this occurs, it can result in glare, especially at night. An additional laser procedure may be needed to try to correct this condition. However, in rare cases it may not be treatable.

Patient Initials: _____

SCAR TISSUE or HEALING HAZE: Healing haze consists of collagen proteins that develop on the surface of the eye during the normal epi-LASIK healing process. Mild haze may not be noticeable by the patient and usually clears over time. However, more severe haze presents usually as a dirty windshield type of appearance to your vision. Haze is not the initial blurriness you will experience but may become evident after surgery developing over weeks or months. Even if scar tissue develops, it usually can be treated with another laser procedure. In some cases, an off-label treatment with medication may be considered to reduce scar tissue. Scarring may be persistent or infrequently recurrent, requiring multiple surgeries and possibly producing loss of visual sharpness or over-correction.

Patient Initials: _____

OTHER COMPLICATIONS: Other possible complications that may be associated with the epi-LASIK procedure includes elevation of intra-ocular pressure, poor healing of the skin over the treatment area (corneal epithelial defect), cataract (cloudiness of the lens), corneal scarring, corneal swelling, corneal ulceration or inflammation, irregularities of the cornea (corneal deposits, microcysts), endothelial cell loss (a loss of endothelial cell density: increase in irregularity of cell size or shape which may result in corneal swelling), inflammation of the iris, retinal detachment, hemorrhage, itching, double vision, drooping of the eyelid, contact lens intolerance, and reading difficulty. Although these conditions are rare, it is possible that complications may result in the need for corneal surgery (i.e. corneal transplant), other types of eye surgery or even blindness. Although retinal detachment is probably not caused by epi-LASIK, any moderately myopic or highly myopic (near sighted) patient with or without prior LASIK surgery is more likely to get a retinal detachment than someone who is not near sighted. In the general population, the incidence of retinal detachment is approximately 0.03% or three per 10,000 eyes per year. In nearsighted people, the average incidence of retinal detachment is approximately 0.07% or seven per 10,000 eyes. The most common long-term side effect is dryness of the eyes, which often precedes laser vision correction but may be exacerbated. This may continue for several months to a year after the procedure, and in a few cases may be permanent. Patients may need to use moisturizing eye drops during this period. There are cases where patients have significant dry eye symptoms following surgery that require additional treatments or procedures beyond lubricant drops. In rare cases, this may include the insertion of punctal plugs or similar therapies. These techniques have been used for years for patients who have not had any laser vision correction procedures but who have chronic dry eyes or dryness from contact lenses. There are also potential complications due to anesthesia and medications that may involve other parts of your body. It important to note that it is impossible to list every conceivable complication that could occur with excimer laser surgery and that there could be a complication that is not listed above. Risks and complications that are considered to be unforeseeable, remote, or not commonly known are not discussed. In addition, there may be long-term effects not yet known or anticipated at the present time.

Patient Initials: _____

STEROID COMPLICATIONS: Post-operative drops are typically used for up to 4 months (in some cases, up to 6 months), tapering monthly. Patients must be monitored while on the topical steroid drops. For best results, patients must use the medication as prescribed. Your doctor may stop the drops early if you appear to be healing slowly. Your doctor may continue drops once a day after 4 months, if needed, to help stabilize the final result. It is very important that you follow your doctor's instructions regarding the use of eye drops after the epi-LASIK procedure, as this can affect your final visual outcome.

Purpose: Early on: Reduces redness; swelling; light sensitivity.

Later: Promotes normal healing; reduces haze. Slows healing to fine-tune results.

Caution: Excessive use can increase eye pressure; produce eyelid drooping; promote farsightedness; and rarely promote cataract changes. Rapid discontinuation can promote regression towards nearsightedness and can increase haze. Patient monitoring while on topical steroid drops will reduce the risk of such occurrences.

Patient Initials: _____

RISK OF SEVERE COMPLICATIONS: Although only about 1% of patients may develop severe complications. NO ONE ever believes they will be in that 1 %. Theoretical risks mean they just have not happened as yet. There are no guarantees. No guarantees of perfect vision, no guarantees of never having to wear glasses or contact lenses. No guarantees that you will not be among the few people that have significant complications.

Patient Initials: _____

REFRACTIVE SURGERY'S IMPACT ON FUTURE CATARACT SURGERY: As we age, many people develop visually significant cataracts as a natural result of the aging process. Laser vision correction does not cause cataract formation. Refractive procedures impact and change the shape of the cornea and may make it more difficult for an ophthalmologist to determine the correct lens implant to be used if cataract surgery is required in the future. As such, we strongly recommend that Refractive Surgery patients keep their pre-operative paperwork in a safe place. These pre-operative numbers will assist your future cataract surgeon in selecting the most appropriate lens implant for your eye. You will be given a copy of this paperwork for safekeeping and a copy will be kept at the Braverman Eye Center, however, in case we forget to give it to you, please ask us for the information.

Patient Initials: _____

EXPECTATIONS: The goal is to achieve the best visual result the safest way. The goal is NOT to eliminate glasses and contacts completely but to dramatically reduce the dependence upon them in an attempt to help improve quality of life. Night driving glasses and reading glasses may always be needed. Even 90% clarity vision is 10% blurry. Enhancement surgeries can be performed when stable UNLESS otherwise deemed to be medically unsafe by your doctor. Typically, if +/-1.00 diopter or higher **or 20/ 40** or worse uncorrected vision remains after surgery, an enhancement may be performed. If there is inadequate residual tissue, it may not be possible to perform an enhancement. There are always risks which must be balanced against the benefits of performing further surgery. Your surgeon can discuss with you the benefits and risks of an enhancement surgery, if necessary.

In this document, we have tried to inform you of all the potential complications of Epi-LASIK and Laser Vision Correction Surgery. We realize that this document can be scary to you, the patient. We are not trying to scare you, but rather to inform you so that you can make an educated decision about whether to do or not do Laser Vision Correction Surgery. However, the flip side is that LASIK and Laser Vision Correction Surgery can be extremely rewarding and give great results when successful. Using the LadarVision® Excimer Laser using Wavefront CustomCornea® treatments, which is the Laser that we use, in recent peer reviewed studies with no enhancements:

- After one month, 93% of CustomCornea® eyes were 20/20, 100% 20/40 (*Journal of Refractive Surgery Sept/Oct 2004 Pg 614-618*)
- After one month, 80% of CustomCornea® eyes had 20/16 or better (*Journal of Refractive Surgery Sept/Oct 2004 Pg 614-618*)
- After three months, 94% of CustomCornea® eyes had 20/20 or better (*Journal of Refractive Surgery Jan 2007, Pg 26-38*)

The studies also showed that more people were satisfied or very satisfied with their night vision after their LadarVision® CustomCornea® LASIK as compared to the prior level of satisfaction using glasses or contact lenses at night. Although no individual surgical outcome can be guaranteed, these clinical studies nevertheless, show the extraordinary effectiveness of this exciting new technology.

Patient Initials: _____

IMPROVEMENT OF VISUAL POTENTIAL: Patients who do not see 20/20 or 100% before surgery even with the strongest prescription cannot expect or anticipate 20/20 or 100% after surgery. That is, after surgery the best vision a patient can attain is the vision they experienced pre-operatively with their glasses or contact lenses. Rigid gas permeable lenses may actually provide certain patients with better vision than glasses, soft lenses or refractive surgery. This surgery does not improve visual potential. Nearsightedness represents multiple visual problems, of which your prescription is only one. That is why each patient will continue to require routine annual eye examinations to rule out several other associated conditions, primarily to assess the retinal nerve tissue quality that this procedure does not directly affect. It is the reduced retinal nerve tissue quality that prevents some individuals from reading 20/20 with full correction. Approximately 20/40 is legal driving vision; if you cannot achieve corrected vision of 20/40 or better you may not qualify to renew your driver's license. Patients with borderline visual function must understand that a loss of sharpness may prevent them from driving legally.

Patient Initials: _____

SAFETY DURING TREATMENT: I understand that rarely, if suction with the microkeratome cannot be achieved due to your anatomy or other rare circumstances, my epi-LASIK procedure may be converted on the operating table to a PRK procedure for optimal surgical results to be achieved. I hereby consent to PRK or any other procedure deemed necessary by the surgeon once the surgery has started. The risks of PRK are exactly the same as epi-LASIK. The procedure is exactly the same, with the exception that during PRK (photorefractive Keratectomy), the skin on the eye is removed manually before the Excimer laser treatment, and with epi-LASIK, the skin on the eye is removed with an automated mechanical microkeratome. If the rare need arises to convert to PRK, I consent to this change of procedure.

Patient Initials: _____

POST-TREATMENT PRECAUTIONS: After surgery, you may experience starburst-like images or halos around lights; your depth perception may be slightly altered, and image sizes may appear slightly different. Some of the conditions may affect your ability to drive and judge distances. Driving should only be done when you are certain that your vision is adequate. Ask your doctor when it is appropriate for you to drive. On the day of the epi-LASIK procedure, you should arrange to be driven home after the procedure.

Patient Initials: _____

PLEASE WRITE IN EACH BOX IN YOUR OWN HANDWRITING THE QUOTE AS INDICATED:

1. **“I understand that as with any form of surgery the outcome can never be guaranteed. I specifically understand that the benefits of epi-LASIK also cannot be guaranteed. Epi-LASIK may be of no benefit to me and may in fact be harmful. “**

Please write in the box below: **“I may not achieve the result I hoped for.”**

Please write in the box below: **"I may still need to wear glasses or contact lenses."**

2. I understand the basic nature of the procedure as well as the possible risks and benefits of epi-LASIK. I have decided to undergo epi-LASIK with the excimer laser. I understand that it is impossible for my surgeon to inform me of every conceivable complication that may occur. Although vision threatening complications are quite rare, it is possible that if a significant reduction in vision is produced as a result of a complication, I may require a corneal transplant. Blindness resulting from epi-LASIK may occur as a result of infection or other sight threatening condition under very rare conditions. I understand that partially and fully sighted eyes have been treated with the excimer laser worldwide since 1987. The very long- term effects associated with this procedure are not known.

Please write in the box below: **"There are risks and there are no guarantees."**

3. I have been informed of alternative treatments of my myopia, hyperopia and astigmatism, including glasses, contact lenses, and other-surgical procedures such as LASIK, RK, PRK, AK, intacs, LTK and, Intraocular lens implants. I understand that I do not have to have the epi-LASIK procedure and that it is **not** a reversible procedure. A copy of this consent form is available to me upon request and all of my questions have been answered to my satisfaction.

Please write in the box below: **"All my questions have been satisfactorily answered."**

GOVERNING LAW \ JURISDICTION

By initialing below, you agree that the relationship and resolution of any and all disputes between yourself and the Stanley Braverman MD, PA shall be governed by and construed in accordance with the laws of the state of Florida. You also acknowledge with your initials that courts of Florida shall have jurisdiction to entertain any complaint, demand, claim or cause of action, whether based on alleged breach of contract or alleged negligence arising out of treatment. You hereby agree that you will commence any such legal proceedings in the state of Florida and you irrevocably submit to the exclusive jurisdiction of the courts of Florida.

Patient Signature: _____

VOLUNTARY CONSENT: In signing this Informed Consent Form I certify that I have read the preceding information and understand the contents. I fully understand the possible risks, complications and benefits that can result from the excimer laser surgery. My decision to proceed with excimer laser epi-LASIK has been voluntarily and freely given. **I have been offered a copy of this informed consent.**

CIRCLE ONE: I WANT TO HAVE TREATMENT ON: **BOTH EYES** **RIGHT EYE** **LEFT EYE**

CIRCLE ONE: Primary Enhancement

Patient Full Name (Print) : _____ Date: _____

Patient Signature: _____

Witness Full Name (Print): _____ Date: _____

Witness Signature: _____

_____ **I HAVE DISCUSSED AND ANSWERED ALL QUESTIONS ASKED BY PATIENT.**

_____ **I HAVE DISCUSSED ALL POTENTIAL RISKS AND COMPLICATIONS THAT APPLY TO PATIENT’S PROFESSION.**

Surgeon Name: **Stanley D. Braverman M.D.** Date: _____

Surgeon Signature: _____

Co-managing Doctor: _____

Date of Procedure: _____

revised 9/03/2008