



Leaders in Eye Care

LASIK Monovision Policies

The LASIK monovision procedure is designed to provide both distance and near vision by surgically correcting one eye for distance vision and one eye for near vision. We occasionally will suggest to patients, particularly those patients over 50, to try monovision contact lenses prior to providing LASIK monovision. This gives the patient and doctors an opportunity to "test" the patient acceptance of the monovision prior to a surgical correction.

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Ting Fang-Suarez, M.D., F.A.C.S.

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Randall N. Reichle, O.D., F.A.A.O.

Our policy concerning possible enhancement LASIK procedures following LASIK monovision differs from our general LASIK enhancement policy. Rarely, an individual who has previously worn monovision contact lenses cannot tolerate LASIK monovision, resulting in a second LASIK to correct the "near eye" to "distance vision". This intolerance is due to the patient's inability to adapt, not as a result of the LASIK procedure.

Christopher D. Allee, O.D.

Following LASIK monovision, should a patient request a second LASIK to "correct both eyes for distance vision"; a \$400 fee shall be charged to the patient.

Jill C. Autry, O.D., R.Ph.

It is also important to realize that the aging process does not stop with monovision LASIK. In other words, until you are approximately 55-56 years old, your reading prescription will continue to weaken requiring stronger "readers" and an increase in the near LASIK eye prescription. Until you are 55 to 56 years old, additional LASIK for your "reading" eye is likely every 2 to 4 years. The fees for these future LASIK procedures are not included in your initial LASIK fees.

Amanda L. Bachman, O.D.

Julie D. Ngo, O.D., F.A.A.O.

James O. Holt, O.D., F.A.A.O.

Darcy R. Sczepanik, O.D.

I have read and understood the above information concerning my LASIK monovision procedure. I understand that I shall pay an additional \$400 fee (above the LASIK fee I have or will pay) for an additional LASIK to "correct both eyes for distance vision". Should additional future LASIK procedures be required due to the aging process, I understand that I shall pay additional fees at that time.

Patient Signature

Date

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