

Signature of Surgeon

EYE PHYSICIANS OF NORTHAMPTON, P.C. 40 Main St., Suite 106, Florence, MA 01062 101 University Dr., Amherst, MA 01002 B Bleiman MD - R Hubbe MD - L Shatz MD D Shield MD - C Dostal OD - R Delaney OD (P) 413-584-6422 - (F) 413-584-4346

## INFORMED CONSENT FOR SURGICAL ASTIGMATISM CORRECTION

Patient Name:	DOB:	
Astigmatism causes blurry vision. Normally, eyes a s long (like a football). Many people with cataracts glasses or contact lenses can help you see more of during cataract surgery:  1. Your surgeon can put a special type of IOL 2. Your surgeon can make a cut called a relax goal of a relaxing incision is to make your cayou have to pay extra for these services. Medicare	have astigmatism. If you have astigmatism, volearly. There are two options to correct astigmatism called a <b>toric IOL</b> in the eye that has astigmating incision in the cornea to change its shap ornea rounder so your vision is clearer.	vearing matism atism. be. The
The toric IOL may not correct all of the astigmuch (overcorrection) or change the type or over-corrected, you may continue to ha have another procedure to make your vision.  • Relaxing incisions may cause vision loss not correct all of the astigmatism (under (overcorrection) and change the type of as over-corrected, you may continue to have be another procedure to make your vision clear.	us risks for astigmatism correction: g position or may shift position after surgery is gmatism (under-correction). Or it could correct of astigmatism you have. If you are under-co eve blurry vision. You may need to wear glast on clearer. They can damage or scar your cornea. The er-correction). Or they could correct it too estigmatism you have. If you are under-correct olurry vision. You may need to wear glasses of erer. you get older and cause blurry vision again.	is over. ct it too rrected sses or ey may much cted or
<ul> <li>By signing below, you consent (agree) that:</li> <li>You read (or someone read it to you) and you</li> <li>The eye surgeon or staff offered you a copy</li> <li>The eye surgeon or staff answered your quo</li> <li>You understand that you may need to wear</li> </ul>	of this informed consent form. estions about astigmatism correction.	
Please check the box about how you choose to ☐ Toric IOL. I wish to have my right eye OR I ☐ Relaxing incision. I wish to have my right e	left eye corrected with a <b>TORIC lens</b> .	
Signature of Patient (or authorized person)	Date/Time	
Signature of Witness	Date/Time	

Date/Time