

SightLine Laser Eye Center, LLC
INFORMED CONSENT FOR ADVANCED SURFACE TREATMENT (AST) ENHANCEMENT
[The AST informed consent must also be re-read]

I. INTRODUCTION

The goal of this document is to inform you of the possible side effects, limitations and complications of the Advanced Surface Treatment (AST) enhancement procedure. You must understand that any form of surgery involves accepting a certain amount of risk and responsibility on the part of the patient. This consent form attempts to balance fairly the possible benefits of the enhancement procedure with the potential risks and to expand your understanding of the potential difficulties that may be encountered both during the procedure and during the healing process. The potential for difficulties exists regardless of whether you experienced any complications during the initial procedure. The only way to eliminate these risks is to avoid all further procedures.

II. ENHANCEMENT OVERVIEW

The AST enhancement procedure is performed exactly as the initial AST procedure. For most patients an enhancement may be performed 2 to 6 months after the original procedure. This is the amount of time generally needed for the vision and prescription to stabilize. All of the risks associated with the original procedure are present with the enhancement. A slight increased incidence of corneal haze is associated with the AST enhancement.

III. CARE BY YOUR EYE DOCTOR

It is important that you be examined carefully by your eye doctor before proceeding with AST enhancement even though you had a full examination before your original procedure. The decision about whether to proceed with an enhancement should be reached after you and your eye doctor have discussed fully the potential risks and the potential benefits. Following the enhancement you will need to be followed carefully by your eye doctor until the eye has healed completely and the vision has stabilized.

IV. PATIENT'S STATEMENT OF ACCEPTANCE AND UNDERSTANDING

The Enhancement procedure for AST has been presented to me in detail. My eye doctor has answered all my questions to my satisfaction. I understand that most, but not all complications have been reviewed as it is impossible to foresee all possible outcomes. I understand that the enhancement procedure carries as much risk as the initial procedure and that outcomes cannot be guaranteed. I therefore consent to having an Enhancement AST procedure. I give my permission to use data about my procedure to further understand AST and AST. I understand that my name will remain confidential, unless I give written permission for it to be disclosed outside my doctor's office or the SightLine Laser Eye Center, LLC.

Eye(s) To Be Treated: Right Eye (OD) Left Eye (OS) Both (OU)

Print Name _____

Patient Signature _____ Date _____

Surgeon Signature _____ Date _____

It is important that you re-read the AST consent form attached because almost all of the complications associated with the original procedure can also occur with the enhancement.

I have re-read and understand the AST informed consent (please initial) _____

I have been offered a copy of this consent form (please initial) _____