

CATARACT REFERRAL

Dr. Chris Francis, M.D., F.R.C.S. (C)

Dr. Bhambhwani M.B.B.S., M.S., D.N.B., F.P.O.S.

Dr. Ajay Kamath M.B.B.S., M.S., D.N.B., F.R.C.S.(Glasgow)

Dr. Alex Pisig M.D.



You have been referred to see Dr. Francis/Dr. Dhurjon/Dr. Bhambhwani with the diagnosis of Cataract in one or both eyes. **Expect to spend up to 2.5 hours at this appointment.**

A cataract is a cloudiness in the natural lens of the eye which gradually increases over time and causes either blurred vision or sensitivity to glare. If it is confirmed that you have cataracts the treatment is surgery during which the natural lens is removed and implant lens is inserted in replacement.

Cataract surgery is a 15 minute procedure performed in the operating room at the hospital done under local anesthetic. Patients are usually at the hospital for 3 hours in total.

Cataract surgery is covered by OHIP however there are a few upgraded options to consider. Your doctor will be able to help guide you to the best option for you.

	OPTION #1	OPTION #2	OPTION #3	OPTION #4	OPTION #5
LENS	BASIC LENS	UPGRADED LENS	EYHANCE LENS	TORIC LENS	PURESEE LENS
TESTING REQUIRED AND BENEFITS	U.S.	U.S, IOL AND ALADDIN FOR A MORE ACCURATE MEASUREMENT	U.S., IOL, ALADDIN AND CORNEAL TOPOGRAPHY, IOL PLANNING FOR THE BEST SURGICAL OUTCOME.	U.S., IOL, ALADDIN AND CORNEAL TOPOGRAPHY, IOL AXIS PLANNING, AXIS MARKING AND IOL ALIGNMENT FOR THE BEST SURGICAL OUTCOME	U.S., IOL, ALADDIN AND CORNEAL TOPOGRAPHY, IOL AXIS PLANNING, AXIS MARKING AND IOL ALIGNMENT FOR THE BEST SURGICAL OUTCOME
BENEFITS OF LENS OPTION		MORE CLOSELY MIMICS THE NATURAL LENS. SHARPER IMAGE	SOME IMPROVED INTERMEDIATE VISION WHILE HAVING A SIMILAR DISTANT VISION TO OPTION #2	PROVIDES ASTIGMATISM CORRECTION. USED ONLY IN PATIENTS WITH SIGNIFICANT ASTIGMATISM.	GREATER IMPROVED INTERMEDIATE VISION WHILE HAVING A SIMILAR DISTANT VISION TO OPTION #2
COST/LENS	\$0	\$110 per eye	\$475 per eye	\$460 per eye	\$1250 per eye
COST/TEST	\$0	\$275	\$450	\$450	\$450
TOTAL COST BOTH EYES	\$0	\$495	\$1400	\$1370	\$2950
OPTION CHOSEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT:

Cost for testing payable to Port Arthur Health Centre at time of measurements.

Cost for lens option payable to Thunder Bay Regional Hospital on day of surgery.

I acknowledge that I understand lens options and testing required for cataract surgery.

SIGNATURE: _____ **DATE:** _____