



## CATARACT SURGERY AT KENSINGTON EYE INSTITUTE

### SPECIALTY LENSES

I understand that I am voluntarily paying for a specialty intraocular lens (“IOL”) and my choices have been explained to me by my surgeon. I understand those choices and my questions were answered.

I understand that have the option to have a standard IOL implanted at no cost, but I have decided to pay for the specialty IOL instead.

I have had time to ask questions and to understand the answers, and all options have been explained to me.

I confirm that the nature of the treatment(s), expected benefits, material side effects, material risks, special or unusual risks, alternative courses of action, as well as the consequences of not having the treatment, have been explained to me by \_\_\_\_\_ in a manner that I understand.  
(Health Practitioner)

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Surgeon Name

\_\_\_\_\_  
Surgeon Signature

\_\_\_\_\_  
Date