



268 Grosvenor Street
London, Ontario N6A 4V2

Ivey Eye Institute

PATIENT NAME _____
SURNAME GIVEN INITIAL

ADDRESS _____

TELEPHONE: _____

HEALTHCARD# _____
10 DIGITS VERSION CODE

DATE of BIRTH: _____

Date: AGE

CONSENT FOR LENSTAR or IOL MASTER TESTING

I, _____, request testing with the LENSTAR or IOL MASTER prior to my cataract surgery. I understand that the LENSTAR or IOL MASTER uses advanced laser technology to precisely measure the eye prior to cataract surgery, in an attempt to achieve the best possible refractive outcome.

I understand that the measurements that must be done prior to cataract surgery can be done either by "A-scan" ultrasound (covered by OHIP), or by laser. I understand that LENSTAR or IOL MASTER testing is an optional uninsured service that is not considered medically necessary, and is not covered by OHIP under any circumstance. I have been given the option of having conventional "A-scan" ultrasound measurements which are an insured service, covered by OHIP, at no charge. While conventional ultrasonic "A-scan" measurements are generally less precise, I understand that either method of testing will allow permanent implantation of an intra-ocular lens at the time of surgery, and that the safety of the surgery is in no way affected by the method of testing.

The decision as to intra-ocular lens model and strength is a medical decision made by my surgeon. While LENSTAR or IOL MASTER testing is the most modern method of determining the intra-ocular lens strength for cataract surgery, as with any diagnostic test or surgical procedure, no guarantee can be made about the refractive or visual results.

A hospital and physician fee will be charged for this test.

Signature of Patient or Substitute Decision Maker

Date: _____