Co-Management Protocol
2015

“Unity is strength... when there is teamwork and collaboration wonderful things can be achieved.”—Mattie J.T. Stepanek
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About Us

General Contact Information

Mailing Address:
Fisher-Swale-Nicholson Eye Center with Solutions In Sight Laser and Surgery Suite
352 Brown Blvd.
Bourbonnais, IL 60914
Telephone: (815) 932-2020
Fax: (815) 937-0060
Website: www.fisherswale.com

Physicians and Specialties
Dr. Marc Fisher, M.D.  Cataract Surgery
Dr. Jerome Swale, M.D.  Refractive and Cataract Surgery
Dr. Matthew Nicholson, O.D.  Optometry
Dr. Donald LoConte, O.D.  Optometry

Surgical Coordinator Contact Information
Phone:    Fax:
Megan Adams (Refractive)  (815) 401-5152  (815) 937-0060
Sarah Anderson (Cataract) (815) 401-5248  (815) 937-0060
Audri Raber  (815) 932-2020 ext. 126  (815) 937-0060
(Cataract and Co-Management)
Welcome

We would like to personally thank you for entering into co-management with Fisher-Swale-Nicholson Eye Center. Our doctors, ophthalmic technicians, surgical coordinators and receptionists operate as a team. We take pride in our staff’s knowledge and capabilities, and we want you to have the same confidence in them. In this packet, you will find inter-office communication forms and our office guidelines for patient referrals. We hope this will make it easier to have seamless communication between our offices.

Fisher Swale and Nicholson Eye Center with Solutions in Sight Laser and Surgery Suite is an all-inclusive ophthalmic practice founded in 1983 by Dr. Marc Fisher. We specialize in Refractive Cataract Surgery, LASIK, PRK, ICL, and comprehensive eye care. We offer the most advanced methods for vision correction in the Bourbonnais and Kankakee Valley area. Our physicians are specialists in the most comprehensive eye conditions with a commitment to personalized care resulting in a long-standing reputation for excellent treatment and care.

Solutions in Sight Laser and Surgery Suite has achieved a three year accreditation by the Accreditation Association for Ambulatory Health Care (AAAHC) for the second time since opening its doors in 2008. Accreditation distinguishes this office-based surgery suite from many other outpatient facilities by providing the highest quality of care to its patients as determined by an independent, external process of evaluation.

We combine full service patient care with experience, expertise, and excellence providing a wide variety of eye care services. Our staff is dedicated to assisting patients with achieving their visual goals. We look forward to working alongside you to provide our mutual patients with the best care available.

“Coming together is a beginning, staying together is progress, and working together is success.” - Henry Ford
Co-Management Referral Protocol

1. Consult Request

- Please fill out a Consultation Request form and fax along with the patient’s demographic and insurance information to Audri (Cataract) or Megan’s (Refractive) attention at (815) 937-0060.
- You may call Audri (Cataract) directly at (815) 932-2020 x126 or Megan (Refractive) at (815) 401-5152 directly to schedule an appointment at Fisher-Swale-Nicholson Eye Center.
- Upon completion of the evaluation with the surgeon, the surgical coordinator will fax you an evaluation report with plan scheduled procedure dates.

2. Post-Operative Exam

- The surgeon will perform the same day post-operative exam.
- The patient will be released to your care upon a stable post-operative exam, with written therapy instructions.
- **If patient desires surgery on their second eye, the surgeon will perform the 1 week post-operative exam.**
- If the patient does not desire a second surgery, patient will return to your office for their future care.
  - An evaluation form will be faxed to you.
  - Please return your post-operative care results to our office.
- If your office is not in network with the patients’ medical insurance, or if the patient is on Medicaid or Medicare HMO we will perform their post-operative care and they will return to you for their glasses.
- If any complications should arise, please do not hesitate to refer the patient back to the surgeon.
3. Billing/Coding

- When billing for co-management reimbursement, a modifier 54 will be used for the surgeon’s claim and modifier 55 will be used for the referring doctor’s claim. Each office will submit claims independently.
- We are in network with the majority of major medical and many other insurance policies. Please call our office if you have any questions or concerns.
- Refractive procedures are elective and not covered by the majority of insurance plans.

*If you need any help submitting claims, or enrolling in Medicare please feel free to reach out to us.*

*We are here to help you in any way that we can.*
Please Keep Us Up-to-Date

It is important that all of our information stays current. As you renew the items below, please make sure we have the current documentation.

- Current Licensure
- Professional Liability Insurance
- Current In-Network Insurance Policies

It is imperative that all of our communication findings match the patients’ chart, in order to provide optimal patient care. Once the following is received, we will finish the processing.

- Co-management consent form
- 1 week post-operative exam
- 3 week post-operative exam
Cataract Surgery Protocol

The optometrist may refer to ophthalmic surgeon when he/she feels it is clinically appropriate and in the patient’s best interest. The ophthalmic surgeon and optometrist will know and comply with coding and billing requirements of Medicare and other payers.

Good Candidates for Cataract Surgery

- Best visual acuity 20/50 or greater at distance or near
- Glare decreases visual acuity by 2 lines or greater
- Significant anisometropia
- Vision affecting everyday living

Good Candidates for Laser-Assisted Cataract Surgery (LENSAR) with and without Arcuate Incisions

- Dense cataracts
- 0.50 diopters of cylinder or greater
- Pseudoexfoliation
- Fuch’s Dystrophy
- Corneal dystrophy

Contraindications: Advanced Glaucoma, Proliferative or Background Diabetic Retinopathy (Maculopathy), Wet Macular Degeneration, Soft Drusen, Cystoid Macular Edema, History of Retinal Lasers or Vitrectomy, Current ICL, Other Retinal or Optic Nerve Diseases.
Good Candidates for a Multifocal IOL (ReSTOR)

- 1.50 diopters of cylinder or less
- Healthy ocular surface and macula
- Desire to be independent from glasses most of the time

**Contraindications:** Cylinder greater than +1.50 diopters, Advanced Glaucoma, Diabetic Retinopathy, Chronic Uveitis/Iritis, Fuch’s Dystrophy, Pseudoexfoliation, Epithelial Basement Membrane Dystrophy, Epi-Retinal membrane, Macular Degeneration, Cystoid Macular Edema, Amblyopia, History of retinal lasers/surgery, Visually significant dry eye syndrome, other retinal/optic nerve disease.

Good candidates for a Toric IOL

- 0.75 diopters of cylinder or greater
- Desire to be independent of glasses at a distance most of the time

**Contraindications:** History of refractive surgery, Unstable Cornea, Epithelial Basement Membrane Dystrophy, or Irregular Astigmatism.
Preoperative and Post-Operative Roles of the Ophthalmic Surgeon and Optometrist

*Ophthalmic Surgeons Pre-Operative Role*

- Perform and document an independent evaluation of patient’s eligibility, including slit lamp examination
- Assess the patient’s clinical status
- Assess the physiological, social, emotional, and occupational needs of the patient
- Educate patients of the different options in cataract surgery
- Recommend the lens/procedure type he feels will benefit the patient
- Inform patient of the additional cost of multifocal, toric, and/or use of femtosecond laser as private insurance companies and Medicare will not cover these costs
- Document in medical record that the risks, benefits, and alternatives were discussed
- Obtain informed consent
- Offer patient copy of procedure specific consent form
- Obtain patient’s consent for planned co-management

*Scheduling Second Eye Cataract Surgery*

We will schedule one eye at a time per Medicare and insurance guidelines. Sufficient time will be given between each surgery to diagnose and treat the medical and refractive stability of the first eye. If the patient elects to have surgery on their second eye, it will be determined by the surgeon no sooner than their 1 week post-operative appointment. The ophthalmic surgeon must perform and document an independent evaluation of patient’s eligibility, including a slit lamp examination of the second eye.
Post-Operative Care Following Cataract Surgery

This is a guideline and will be left to the co-managing optometrist’s discretion

Patients Will be Placed on THREE Types of Drops
Diclofenac BID or Ilevro QD x 2 weeks
Polytrim BID x 1 week
Prednisolone Acetate BID x 6 weeks

Post-Operative Exams

*Same Day (Performed by Surgeon)*
- Perform the post-procedure discharge evaluation and provide written postoperative care instructions
- Determine when the patient is stable and can be referred to co-managing optometrist as planned
- Remain available throughout the postoperative period at request of patient or co-managing optometrist

Recommended Timeline for Post-Operative Evaluations
- 1 week
- 3 week
- 3 month (with dilated Fundus exam)
- 1 year

All Post-Operative Exams to Include
- Interval history taking
- Auto and Manual Refraction
- Keratometry
- Visual Acuity Testing *(at all distances for multifocal intraocular lens)*
- Intraocular Pressure Check
- Slit-lamp Examination
- Management Plan (continuing medications, restrictions, further post-operative appointments)

It is imperative that co-managing optometrists send co-management forms/exams to our office after each examination, as it is required for surgeon to
review, date, and sign each exam/test/report. We will send you all exams and forms performed by our ophthalmic surgeon.

- If the patient is deemed stable by the ophthalmic surgeon, patient’s will either be referred back to their co-managing optometrist after the same day post-op or after the same day post-op of the second eye.

- Some potential common complications from cataract surgery which should be examined are Corneal Edema, Macular Edema, and Increased Intraocular pressure.

- Co-Managing optometrists should consult or refer back to the ophthalmic surgeon for the following conditions:
  
  Intraocular pressure greater than 25, Macular Edema, Recurrent Erosion, Retained Cortex, Retinal Detachment, any sign of abnormal inflammation, any sign of infection, or prolonged Corneal Edema.

- Our surgeons are available throughout the post-operative period to consult with the co-managing optometrist or patient for any questions or concerns and are encouraged to do so. If transferring care back to the ophthalmic surgeon, the optometrist will inform the patient of the need to refer to the surgeon and will document and/or communicate his/her exam findings to the ophthalmic surgeon.

- The patient has the right to receive treatment from the ophthalmic surgeon at all stages of care, the ophthalmic surgeon will be notified by the optometrist when a patient requests to see him. At all times the ophthalmic surgeon will be available via phone for consultation. The patient will be given the surgeon’s cell phone number at the same day post-operative exam to be used after hours.

Please do not hesitate to contact our office/surgeons at any point during the care of shared patients.

*OMIC (Ophthalmic Mutual Insurance Company) www.omic.com
# Refractive Surgery Protocol

The optometrist may refer to ophthalmic surgeon when he/she feels it is clinically appropriate and in the patient’s best interest. The ophthalmic surgeon and optometrist will know and comply with coding and billing requirements.

## Good Candidates for Refractive Surgery

### LASIK/PRK
- Over the age of 18
- Sufficient corneal thickness
- Spherical equivalent of +2.00 to -7.00
- 5.00 Diopters of cylinder or less
- Stable refraction

### Visian ICL (Implantable Collamer Lens)
- Ages 18-50
- Anterior chamber depth 3mm or greater
- Spherical equivalent -2.50 to -15.00
- 1.50 diopters of cylinder or less
- Stable refraction

### Clear Lens Exchange
- Over the age of 40
- Spherical equivalent +5.00 to -12.00
- 1.50 diopters of cylinder or less for Restor IOL
- 5.00 diopters of cylinder or less for Toric IOL
- Stable refraction

**Contraindications:** Pre-existing eye conditions (i.e. Glaucoma, Iritis, Fuch's dystrophy, Amblyopia, Diabetic Retinopathy, Keratoconus), Autoimmune diseases, Herpes simplex or herpes zoster near orbit, and women who are currently pregnant or breastfeeding
Refractive Pre-Operative and Post-Operative Roles of the Ophthalmic Surgeon and Optometrist

Patients who are interested in refractive surgery will have a consultation with our refractive coordinator (either in-office or over the phone) prior to being scheduled for an evaluation with Dr. Swale. Patients will be asked to discontinue their contact lens wear during this evaluation process in order to obtain stable/accurate measurements.

**Ophthalmic Surgeons Pre-Operative Role***

- Perform and document an independent evaluation of patient’s eligibility, including slit lamp examination
- Assess the patient’s clinical status
- Assess the physiological, social, emotional, and occupational needs of the patient
- Educate patients of the different options in cataract surgery
- Recommend the procedure he feels will benefit the patient
- Document in medical record that the risks, benefits, and alternatives were discussed
- Obtain informed consent
- Offer patient copy of procedure specific consent form
- Obtain patient’s consent for planned co-management
- Perform laser iridotomies on ICL patients

*OMIC

Post-Operative Guidelines and Protocols for Refractive Patients

*This is a guideline but will be left to the co-managing optometrist’s discretion*

**LASIK**
- Day 1 post op (with surgeon)
- Polytrim TID x 1 week
- Prednisolone Acetate TID x 2 weeks

**PRK**
- Day 1 post op (with surgeon)
- Day 4 or 5 post op (with surgeon)
- Polytrim TID x 1 week
- Prednisolone Acetate TID x 2 weeks then BID x 4 weeks
Post-Operative Exam Schedule

**Same Day (Performed by Surgeon)**
- Perform the post-procedure discharge evaluation and provide written postoperative care instructions
- Determine when the patient is stable and can be referred to co-managing optometrist as planned
- Remain available throughout the postoperative period at request of patient or co-managing optometrist

*OMIC

If the patient is deemed stable by ophthalmic surgeon, patients will either be referred back to co-managing optometrist after the same day post-op or after removing bandage contact lens at day 4-5 for PRK patients.

**Recommended Timeline for Post-Operative Evaluations**
- 1 week
- 1 month
- 3 month (with dilated Fundus exam)
- 1 year

**All Post-Operative Exams to Include**
- Interval history taking
- Auto refraction
- Manual refraction
- Keratometry
- Visual acuity testing (at all distances for multifocal intraocular lens)
- Intraocular pressure check (excluding LASIK patients)
- Slit-lamp examination

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**ICL**
- Day 1 post op (with surgeon)
- Polytrim TID x 1 week
- Prednisolone Acetate TID x 2 weeks

**CLE**
- Same day post (with surgeon)
- Polytrim TID x 1 week
- Diclofenac BID x 2 weeks
- Prednisolone Acetate BID x 6 weeks
- Management plan (continuing medications, restrictions, further postoperative appointments)

_It is imperative that co-managing optometrists send co-management forms/exams to our office after each examination, as it is required for surgeon to review, date, and sign each exam/test/report. We will send you all exams and forms performed by our ophthalmic surgeon._

Some potential common complications of surgery which should be examined are corneal edema, chronic dry eyes, and night vision problems.

Co-managing optometrists should consult or refer back to the ophthalmologist for the following conditions:

_Intraocular pressure greater than 25, Recurrent Erosion, Prolonged Corneal Edema, Macular Edema, Retinal Detachment, Epithelial Ingrowth, Corneal haze, Abnormal inflammation, Sign of infection, Corneal infiltrates, or Regression._

Our surgeons are available throughout the postoperative period to consult with the co-managing optometrist or patient for _any_ questions or concerns and are encouraged to do so. If transferring care back to ophthalmic surgeon the optometrist will inform patient of the need to refer to the surgeon and will document/communicate his/her exam findings to ophthalmic surgeon.

The patient has the right to receive treatment from the ophthalmic surgeon at all stages of care, the ophthalmic surgeon will be notified by optometrist when a patient requests to see him. At all times the ophthalmic surgeon will be available via phone for consultation, the patient will be given surgeon’s cell phone number at same day postoperative exam to be used after hours.

_Please do not hesitate to contact our office/surgeons at any point during the care of shared patients._
Interoffice Communication Forms

All forms are available at fisherswale.com

- Consultation Request
- Consent for Co-Management
- Evaluation Report
- Post-Operative Co-Management Exam
CONSULTATION REQUEST

Referral To:  _____ Dr. Jerome A. Swale, MD
            _____ Dr. Marc L. Fisher, MD

Patient Name: _________________________________________ DOB: ________________
Patient Address:______________________________ Phone: _________________________

Referring Doctor:  _______________________ Appt. Time and Date: _________________
If more than one office, specify location: __________________________________________
Office Phone:____________________________ Office Fax:__________________________

Preliminary Diagnosis/Concern: ________________________________________________
History:____________________________________________________________________

VA OU: _______ OD: ________ OS: ________    IOP:  OD: ________ OS: ________

Reason for referral:
☐ Consultation with Diagnostic Studies and Treatment as Indicated
☐ Consultation Only
☐ Diagnostic Testing Only:
  ☐ Visual Field  ☐ Fundus Photos
  ☐ Corneal Topography  ☐ Pachymetry
  ☐ OCT  ☐ Gonioscopy

This patient is being referred to you for evaluation/treatment of:

☐ Vision Correction Evaluation        ☐ YAG Posterior Capsulotomy
  ☐ Lasik                             ☐ Glaucoma
  ☐ Visian ICL                         ☐ SLT (Selective Laser Trabeculoplasty)
  ☐ Clear Lens Exchange               ☐ Laser Peripheral Iridotomy
  ☐ Macular Degeneration
☐ Cataract                            ☐ Strabismus
  ☐ Standard                           ☐ Ectropion/Entropion
  ☐ Toric                              ☐ Diabetes
  ☐ Multifocal ReSTOR                   ☐ Other:________________________

Notes:______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

“Delivering exceptional care & service to our referring doctors & their patients as we provide optimum solutions in sight”
CONSENT FOR CO-MANAGEMENT
AFTER EYE SURGERY

Patient Name: ________________________________________________

I acknowledge Dr. Fisher/Dr. Swale will be performing cataract surgery on me. I have discussed
this postoperative selection with my surgeon. It is my desire to have my own optometrist, Dr.
__________________________________________, perform my postoperative follow-up care for the following
reason(s):

☐ for convenience due to the distance to the surgeon’s office and/or
☐ I have an established relationship & good rapport with my optometrist

I understand that my optometrist will contact my surgeon immediately if I experience any
complications related to my eye surgery. I understand that I may also contact my surgeon at any
time after the surgery.

Patient: ____________________________________________ Date: ______________________

Witness: ____________________________________________ Date: ______________________

Optometrist Confirmation:

I have agreed to provide follow-up care for ______________________________(patient name).

I will see the patient after surgery when Dr. Fisher/Dr. Swale notifies me that he is releasing the
patient to my care. I agree to notify the surgeon immediately should complications arise. I also
agree to provide written progress reports during my portion of the postoperative period.

Optometrist: ____________________________________________ Date: ______________________

(print name)

Optometrist: ____________________________________________ Date: ______________________

(signature)

Surgeon Confirmation:

__________________________________________ Date: ______________________
Evaluation Report

Patient Name: [
Referring: [
Date: [
D.O.B.: [

☐ LASIK
☐ PRK
☐ Visian ICL
☐ Other:

☐ The patient is scheduled for surgery with Jerome A Swale, M.D.  OD☐ OS☐

☐ The patient underwent successful surgery.  OD☐ OS☐

☐ The patient is considering surgery but has not scheduled at this time.  We have asked your patient to contact us when they would like to proceed with surgery.

☐ The patient has cancelled their surgery and has elected not to reschedule at this time and/or rescheduled.

☐ The patient is currently not a candidate for surgery.

☐ The Patient chooses not to co-manage, but will return for post-op glasses.

☐ The patient is considering surgery but requires further diagnostic testing.

☐ The patient’s uncorrected vision was OD  OS . Effective today, I am releasing the patient to you. Tomorrow you will assume care for the patient. We have made an appointment for the patient to see you in your office on __________ at ______ AM☐ PM☐ for follow up.

☐ The patient has been directed to use the drops listed below unless you feel changes are necessary

Medication:

OD ☐ OS ☐

Cornea:
Anterior Chamber:
IOP:

Thank you in advance for keeping me informed of the patient’s progress and please contact me should a problem arise.

Sincerely,
Jerome A Swale, M.D.

"Delivering exceptional care & service to our referring doctors & their patients as we provide optimum solutions in sight"
POST-OPERATIVE CO-MANAGEMENT EXAM

Patient Name:  
Exam Date:  
Procedure Date:  

Procedure:  Cataract  LASIK  Visian ICL  Clear Lens Extraction  PRK  
Post-op Visit:  Same Day  1-Day  1-Week  1-Month  3-Month  Other:  

Patient's Response:  Happy:  YES  NO  Feedback:  

Eye Drops:  

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AR:  OD_________________________= 20/_______  OS_________________________= 20/_______  
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s:  OD_________________________= 20/_______  OS_________________________= 20/_______  

OD | OS  
Pupils:  __________  Normal  Normal  
Slit Lamp:  __________  Normal  Conjunctiva  Normal  
           __________  Normal  Cornea  Normal  
           __________  Normal  Ant. Chamber  Normal  
           __________  Normal  Iris  Normal  
           __________  Normal  Posterior Capsule  Normal  
           __________  Normal  Lens Position  Normal  
            %  Vault  (ICL Only)  %  
Fundus:  __________  Normal  Disc  Normal  
        __________  Normal  Macula  Normal  

Comments:  

Medications:  

Plan (Next follow-up visit):  

Additional comments:  

Doctors Name  
Doctors Signature  
Date  

"Delivering exceptional care & service to our referring doctors & their patients as we provide optimum Solutions In Sight"
Cataract Surgery Patient Forms

*All forms are available at fisherswale.com*

- Patient Welcome Letter
- Cataract Flier
- Quality of Vision Checklist
- Post-Operative Drop Instructions
Dear Patient,

At Fisher-Swale-Nicholson Eye Center, our mission is to help every patient achieve their best corrected vision. Over the past few years, there have been many innovations in the field of ophthalmology. These advances provide great benefits to patients by offering more individualized options. The main goal of each option is to reduce or eliminate your dependence on glasses, reading glasses and contacts.

At your upcoming cataract evaluation appointment, you will be educated on cataracts, cataract surgery, and the different options available to you. Some of these options include:

- Customized Vision Correction
- Advanced Technology Intraocular Lenses (AT IOLs)
- Laser-Assisted Cataract Surgery

To assist you in making this decision, we have enclosed educational materials for your review. Our goal is to help you make an informed decision, one you'll feel good about. Please take some time to fill out our Quality of Vision Checklist and review the materials prior to your appointment. If you would like to learn more now, you can visit fisherswale.com to view our videos under "Learn About Our Procedures". Please bring your Quality of Vision Checklist with you on the day of your appointment. We look forward to seeing you at your evaluation and helping you learn more about these exciting options!

Sincerely,

The Physicians of Fisher-Swale-Nicholson Eye Center
Let’s Talk About Cataracts

A cataract is a clouding of the eye’s natural lens. Most people with cataracts can improve their vision with glasses, but for those who have cataracts that truly interfere with the safety, comfort, and/or enjoyment of life, cataract surgery may be the best choice. The procedure usually takes 20 minutes or less to perform. The natural lens is removed and an intraocular lens is inserted. At Fisher-Swale-Nicholson Eye Center we offer our patients the most advanced technology available in cataract surgery. Our goal is to restore the precious gift of sight to the optimal level for all who entrust us with their care.

Custom-tailored Selections

To meet our patient’s visual goals, we offer the following customizable lens and treatment options.

Fountain of Youth

Get the vision you used to have and have always wanted back.

Best for active, independent people who want to be free from glasses most of the time.

- Bladeless Laser Precision Surgery
- Minor Astigmatism Correction

New Look on Life

Get your best distance vision with the latest laser technology.

Best for those who want to drive without glasses but don’t mind wearing readers.

- Bladeless Laser Precision Surgery
- Advanced Astigmatism Correction As Needed

Better Outlook

Remove your cloudy lens.

Best for those who want to see clearer but don’t mind being dependent on glasses for daily life.

- Manual Cataract Extraction Surgery
Here at Fisher-Swale-Nicholson Eye Center, we strive to provide the best quality of care and customized vision solutions for our patients. This checklist will assist us in providing the treatment best suited for your visual needs and lifestyle. Please fill this form out completely and return it to us. If you have any questions, please let us know and we will be happy to assist you.

• What are your favorite hobbies?

• If you work, what are some of your daily work-related tasks?

• How much time per day do you spend on the computer?

• Do you find yourself switching between different pairs of glasses throughout the day?
  _____Yes _____No

• Does your work or livelihood require night-time driving?
  _____Yes _____No

• Would you like to be less dependent on glasses?
  _____Yes _____No

• How would you describe your personality?
  _____Easy going _____Perfectionist _____In between

• Have you stopped doing an activity that you really loved to do?
  _____Yes _____No   If yes, what have you given up?
  ******************************************************************
Date: PLEASE BRING YOUR EYE DROPS TO EVERY APPOINTMENT

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SPECIAL INSTRUCTIONS

1. Learn proper way to install drops from a technician before you leave.
2. Wait at least 5 min between eye drops.
3. Use your drops on the day of the office visit unless told not to.
4. Call the office if you have any questions at (815) 932-2020
5. Stop medications and call the doctor if you have any uncommon side effects.
6. After instillation of drops, close your eyelids for 3 min and plug the inside corner of your eyelids with your fingers.
7. Always bring your drops to future appointments.
Refractive Surgery Patient Forms
All forms are available at fisherswale.com

- Patient Welcome Letter
- Vision Correction Questionnaire
- LASIK, PRK, Visian ICL, and CLE Procedure Information Sheets
- Post-Operative Drop Instructions
Dear Kevin Cornea,

If I haven’t introduced myself already, I’m Megan Adams, the refractive coordinator for Solutions In Sight Laser & Surgery Suite, located inside Fisher-Swale-Nicholson Eye Center. At Solutions In Sight, it is our goal to help every patient achieve their best corrected vision, that’s why we offer several advanced vision correction procedures! I’ve enclosed our LASIK, PRK, and Visian ICL Procedure Info Sheets to help you learn more prior to your future appointment—what we call an evaluation.

Dr. Jerome Swale will perform your evaluation. Dr. Swale has extensive experience in performing vision correction procedures and has performed thousands of eye surgeries throughout his career. He will complete some simple tests to determine which procedures will result in achieving your best corrected vision. The evaluation will take about an hour to an hour and a half. During this time you will be dilated (drops used to enlarge your pupil) to check the health of your eyes. Dilating drops will make your eyes a little light sensitive so please bring sunglasses with you. After the evaluation I will help you by answering any questions you may have, we will discuss procedure costs and how we can make vision correction surgery affordable for you! We offer 6-60 month payment plans!

I can be reached at (815) 401-5152 to set up your free evaluation or if you have any questions or concerns. Your call is very important to me. If for some reason I am out of the office, I will make every effort to return your call ASAP.

Thank you for contacting Solutions In Sight Laser and Surgery Suite. I hope I can help you with your decision to be less dependent on glasses and contacts!

Sincerely,

Megan Adams
Refractive Coordinator
Solutions In Sight Laser & Surgery Suite
megan@fsneye.com

*Please discontinue contact lens wear beginning Tuesday, June 2nd*

Thank you! 😊
VISION CORRECTION QUESTIONNAIRE

Name
____________________________________________________________________

How did you hear about us?

☐ Facebook ☐ Website ☐ My optometrist ☐ Word of mouth
☐ Other:____________________________________________________________________

Without my glasses and contacts: (Check all that apply)

☐ I have trouble reading and seeing things up close
☐ I have trouble driving and seeing things that are far away

How long have you been thinking about being free of glasses and contacts?

☐ Days ☐ Weeks ☐ Months ☐ Years

What do you dislike about your glasses and contacts?
____________________________________________________________________

____________________________________________________________________

What is your main reason for considering vision correction surgery?
____________________________________________________________________

____________________________________________________________________

Please check all procedures you are interested in (or have heard of):

☐ LASIK ☐ PRK ☐ ICL ☐ CLE

Thank You! We’ll discuss your personalized procedure options after your screening/evaluation!
LASIK

Since its approval in 1995, millions of people have had LASIK (Laser-Assisted In-Situ Keratomileusis) all over the world. LASIK is an excellent option for individuals with nearsightedness, farsightedness or astigmatism.

**Benefits**

- **Short Recovery Time**
  Although your eyes are not completely healed, vision is corrected nearly immediately or by the day after LASIK.

- **Safety & Effectiveness**
  98% of all LASIK patients have achieved legal driving vision or better without the assistance of glasses or contact lenses. Additionally, the FDA has no reported cases of anyone going blind from LASIK.

- **Long Term Results**
  Adjustments can be made years after LASIK to further correct vision if changes occur while you age.

- **Minimal Discomfort**
  LASIK is associated with minimal discomfort due to numbing drops used during the procedure. In addition, no bandages or sutures are required after LASIK. In fact, the laser treatment itself takes approximately 60 seconds or less!

**Our Technology**

CustomVue LASIK is the most advanced laser technology available. CustomVue LASIK laser treatments are based upon the unique visual characteristics of your eye. A custom treatment provides better quality of vision, including night vision, and a higher percentage of patients achieving 20/20.

**The Procedure**

The LASIK procedure is done by using a laser to change the shape of your cornea, correcting your prescription. A thin flap will be made. The flap is then gently folded back and the laser treatment will then be applied.
Dr. Jerome Swale and Solutions In Sight Laser and Surgery Suite

Our LASIK procedures are performed by Dr. Jerome Swale in our state of the art surgical suite located inside Fisher-Swale-Nicholson Eye Center. Dr. Swale is one of the leading refractive surgeons in Illinois and has performed thousands of elective refractive procedures.

Dr. Swale is board certified by the American Board of Ophthalmology. He is a member of the American Society of Cataract and Refractive Surgeons, the International Society of Refractive Surgery, and the American Academy of Ophthalmology.

Did you know the “flap” that is created when performing LASIK is about as thick as 1/3 of a human hair?

LASIK Facts & Myths
*Allaboutvision.com

Myth: LASIK is painful.
Fact: Numbing eye drops are used to keep your eyes comfortable during LASIK, which takes only about 15 minutes for both eyes. You will feel some pressure briefly, but laser reshaping of the eye is pain-free. If you think you will be anxious, a mild sedative can be prescribed to help you relax.

Myth: You can go blind from LASIK surgery.
Fact: LASIK affects only the front surface of the eye, serious complications are rare, and no one has ever gone blind from LASIK surgery.

Myth: LASIK is new, so long-term side effects and complications are unknown.
Fact: Laser vision correction was introduced in the 1980s, and the first treatment performed in the United States occurred in 1987 (more than 25 years ago).

Myth: LASIK corrects only nearsightedness; it cannot correct farsightedness or astigmatism.
Fact: LASIK can correct all common refractive errors (nearsightedness, farsightedness and astigmatism). If you have severe refractive errors, other refractive surgery options are available.

“It was amazing! I could see clearly, things I never was able to see before. It definitely exceeded my expectations.” – Hollye Dionne
PRK

PRK (photorefractive keratectomy) is a type of refractive surgery to correct nearsightedness, farsightedness and astigmatism. PRK was the first type of laser eye surgery for vision correction and is the predecessor to the popular LASIK procedure.

Benefits

- **Less Risk than LASIK**
  PRK surgery does not create a corneal flap. This is a particular benefit if the cornea is too thin for LASIK or if you have undergone LASIK previously and therefore have a thinner cornea. There is also no risk of having flap complications, and patients are less likely to develop dry eyes after having PRK as opposed to LASIK.

- **Quick Procedure**
  The laser treatment is only about 60 seconds per eye!

- **Safety & Effectiveness**
  Most people achieve 20/20 vision after PRK surgery, and nearly all patients achieve 20/40 visual acuity or better.

Our Technology

CustomVue PRK is the most advanced laser technology available. CustomVue PRK laser treatments are based upon the unique visual characteristics of your eye. A custom treatment provides better quality of vision, including night vision, and a higher percentage of patient’s achieving 20/20.

The Procedure

A laser is used to precisely reshape the curvature of your cornea’s surface. Afterwards, a soft contact lens “bandage” is then placed on the cornea to help protect your eye. After about four to five days typically, the bandage contact lens is removed.
Dr. Jerome Swale and *Solutions In Sight Laser and Surgery Suite*

Our PRK procedures are performed by Dr. Jerome Swale in our accredited, state of the art surgical suite located inside Fisher-Swale-Nicholson Eye Center. Dr. Swale is one of the leading refractive surgeons in Illinois and has performed thousands of elective refractive procedures.

Dr. Swale is board certified by the American Board of Ophthalmology. He is a member of the American Society of Cataract and Refractive Surgeons, the International Society of Refractive Surgery, and the American Academy of Ophthalmology.

*PRK laser eye surgery has been performed overseas since the 1980’s and in the United States since 1995.*

**PRK Facts & Myths**

*Allaboutvision.com*

**Myth:** PRK is painful.

**Fact:** Numbing eye drops are used to keep your eyes comfortable during PRK, which takes only about 15 minutes for both eyes. You will feel some pressure briefly, but laser reshaping of the eye is pain-free. Patients may experience mild to moderate discomfort post operatively for 3 to 5 days after the procedure.

**Myth:** You can go blind from PRK surgery.

**Fact:** PRK affects only the front surface of the eye, serious complications are rare, and no one has ever gone blind from PRK surgery.

**Myth:** PRK is new, so long-term side effects and complications are unknown.

**Fact:** Laser vision correction was introduced in the 1980s, and the first treatment performed in the United States occurred in 1987 (more than 25 years ago).

“*One of the best things I’ve ever done!*”

—Amy Stroo (PRK)

Resources

www.fisherswale.com www.allaboutvision.com
Visian ICL

Also known as an “Implantable Contact Lens”, the ICL is the solution for people with moderate to high degrees of nearsightedness.

Benefits

- **Short Recovery Time**
  The procedure itself takes as little as 15 minutes per eye. There is very little discomfort and you can see immediately after the procedure is performed. Once in place, there is no maintenance required with the ICL like typical contact lenses.

- **Designed to be permanent, yet is removable**
  Although the Visian ICL is intended to remain in place permanently, it is removable if necessary.

- **UV Protection**
  The ICL advanced lens material contains a UV blocker that actually prevents harmful UV rays from entering the eye.

- **Safety & Effectiveness**
  Research reviewed by the FDA has shown that the Visian ICL has a lower chance of resulting in unwanted visual distortions such as glare or halos. In a three year clinical study, 99% of patients reported being satisfied or very satisfied with their results and over 98% reported being able to see 20/40 or better.

- **ICL & Aging**
  As we age, the likelihood of developing cataracts increases. A benefit of ICL is that your future options concerning cataract surgery are not affected.

The Procedure

On the day of your procedure, prior to surgery, we will administer drops to begin to dilate (enlarge) the pupil in your eye. Once your pupil is fully dilated, we will put numbing eye drops in your eye and ask you to lie on your back on the treatment table in our surgery suite. A small opening is made into your cornea and the Visian ICL is inserted and positioned in its proper position in the eye. The procedure will usually take approximately 15 minutes.
Dr. Jerome Swale and
Solutions In Sight Laser and Surgery Suite

The Visian ICL procedure is performed by Dr. Jerome Swale in our accredited, state of the art surgical suite located inside Fisher-Swale-Nicholson Eye Center. He is credentialed by STAAR Surgical Company (the manufacturer of the Visian ICL). Dr. Swale is a diplomate of the National Board of Medical Examiners and is board certified by the American Board of Ophthalmology. He is a member American Society of Cataract and Refractive Surgeons, the International Society of Refractive Surgery, and the American Academy of Ophthalmology.

Q: What is the track record of the Visian ICL?
Prior to being placed on the market, the Visian ICL was subject to extensive research and development. Today, more than 500,000 lenses have been implanted worldwide.

Q: What is the Visian ICL made of?
The Visian ICL is made of Collamer®, a highly biocompatible advanced lens material which contains a small amount of purified collagen. Collamer does not cause a reaction inside the eye and contains an ultraviolet blocker that provides protection to the eye.

Q: Is the Visian ICL visible to others?
No. The Visian ICL is positioned behind the iris (the colored part of the eye), where it is invisible to both you and observers. Only your surgeon will be able to tell that vision correction has taken place.

Q: What if my vision changes after I receive the Visian ICL?
One advantage of the Visian ICL is that it offers treatment flexibility. If your vision changes dramatically after receiving the implant, your surgeon can remove and replace it. If necessary, another procedure can be performed at any time. The implant does not treat presbyopia (difficulty with reading in people 40 and older), but you can use reading glasses as needed after receiving the Visian ICL.

Resources
www.fisherswale.com
www.visianinfo.com
www.seebeyondlasik.com

“It changed my life completely. It was the best money I ever spent.”
—Jeff Papineau (ICL)
CLE

Clear Lens Exchange is a procedure option for people with presbyopia, hyperopia (farsightedness), high myopia (nearsightedness) or a combination of these diagnoses.

Clear Lens Exchange is more appropriate for patients over 40 who are struggling with using reading glasses or bifocals or for patients who are not candidates for other vision correction procedures like LASIK.

Benefits

- **Long Term Results**
  The artificial intraocular lens is a permanent replacement for your natural lens and is designed to last the rest of your life. And, because IOLs are not affected by age-related changes, there is minimal risk of regression (loss of corrective effect or deterioration of vision) over time.

- **Greatly decreased dependency on corrective lenses**
  CLE should reduce or eliminate the need for glasses or contacts.

- **Elimination of developing cataract**
  Your natural lens will be replaced which means a cataract will not be able to form.

Intraocular Lenses (IOLs)

Before intraocular lenses (IOLs) were developed, people had to wear very thick eyeglasses or special contact lenses to be able to see after lens removal surgery. Now, several types of IOL implants are available to help people enjoy improved vision, including presbyopia correcting IOLs and astigmatism correcting IOLs.
With the introduction of the LENSAR™ Laser System, laser cataract and CLE surgery have become a reality. With this advanced technology, we can offer you a better, more precise lens removal procedure that is customized to your eye's own unique size and shape. This allows Dr. Swale to tailor your treatment, which can improve visual outcomes.

The Procedure
The CLE procedure usually takes about 20 minutes or less to perform. During CLE surgery, small incisions, usually less than 3 mm long, are made. The crystalline lens is then removed.

Next, the IOL is inserted into the eye into the same space formerly occupied by the crystalline lens. The incisions made during CLE are so small that they typically do not require a suture to close them at the end of the surgery.

"This was the best decision I've ever made! As far as I'm concerned Dr. Swale performed a miracle and gave me the gift of sight, something I've never had before!"—Eva Marion (CLE)

Dr. Jerome Swale
Our CLE procedures are performed by Dr. Jerome Swale. Dr. Swale is one of the leading refractive surgeons in Illinois and has performed thousands of elective refractive procedures. Dr. Swale is a diplomat of the National Board of Medical Examiners and is board certified by the American Board of Ophthalmology.

Resources
## LASIK and Visian ICL Drop Card

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To deliver exceptional care and service to our referring doctors and their patients as we provide optimal Solutions In Sight.

Proudly accredited by the Accreditation Association for Ambulatory Health Care

Solutions In Sight Laser and Surgery Suite which provides elective, refractive eye procedures to the public, has met nationally recognized standards for the provision of quality health care set by AAAHC. Our goal is for patients to receive exceptional care and service and being accredited by AAAHC helps us to achieve this goal.
From Left to Right

Dr. Marc Fisher, Audri, Carrie, Sarah, and Dr. Jerome Swale
Mission Statement

The goal of Fisher-Swale-Nicholson Eye Center is to restore the precious gift of sight to the optimal level for all guests who entrust us with their care. Excellence shall characterize our practice: from the scheduling of each appointment, through the complete eye examination, during each surgical procedure, through post-operative care, when dispensing eyewear, answering a question about a bill, or extending our services to our community. We will strive to create an environment of kindness, support, openness, and respect to our guests. With excellence as the trademark of our service, Fisher-Swale-Nicholson Eye Center will provide the best care available.