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LENS SELECTION FORM

_____ **Monofocal IOL / Glasses Option** – I wish to have Cataract Surgery on my **Right / Left Eye** with a **Monofocal Lens Implant** and wear glasses for **Near or Distance Vision**.

_____ **MonoVision Option** (may still need to wear glasses) – I wish to have Cataract Surgery with two different-powered IOLs implanted to achieve MonoVision. I wish to have my **Right / Left Eye** corrected for **Distance Vision**. I wish to have my **Right / Left Eye** corrected for **Near Vision**.

_____ **Multifocal IOL Option (Restor)** (may still need glasses) – I wish to have Cataract Surgery on my **Right / Left Eye** and have the **Restore Multifocal IOL** implanted. I understand that if I have uncorrected astigmatism I will still need glasses to correct my astigmatism ever with the Multifocal Restor IOL.

_____ **Toric Monofocal IOL / Glasses Option for Astigmatism Reduction** – I wish to have Cataract Surgery with a **Toric Monofocal IOL** implanted in my **Right / Left Eye** and wear glasses for **Near or Distance Vision**.

_____ **Limbal Relaxing Incisions for Astigmatism Reduction** (may still need glasses) – I wish to have this procedure done in addition to the Cataract Surgery.

Patient's Signature (or person authorized to sign for patient)

Date

Surgeon's Signature

Date

Witness Signature

Date