



# SKYVISION

C E N T E R S

I have been informed about the following possibilities concerning my repeat Laser Vision Correction. The enhancement for my **right left** eye:

1. It is possible that my enhancement will result in no improvement in vision.
2. It is possible that repeated treatment with the laser will result in a decrease in vision. This could occur, among other possibilities, by the creation of astigmatism, or by the creation of farsightedness (hyperopia) or nearsightedness (myopia). Irregularities in the cornea may occur which could cause decreased vision. It is possible to have glare, halos, or other optical aberrations, or to make these existing conditions worse. It is possible that any of these problems could require further treatment, and even with additional treatment could remain permanently.

Other complications (which were carefully explained to me before my initial procedure) may occur as a result of this repeat procedure. These include infection, abnormal reaction to medications, movement of the flap creating folds, growth of cells beneath the flap, inflammation in or beneath the flap, as well as other complications. These complications could result in decreased vision, the need for an additional procedure, or both.

3. There are no guarantees whatsoever concerning the result of this repeated Laser Vision Correction.

For a period of 12 months after my enhancement is completed, all office visits at SkyVision Centers that are related to my procedure, as well as any additional enhancements performed during this 12 – month period, are provided by SkyVision Centers at no additional cost. I understand that there will be a fee for examinations and enhancements after the 12 – month covered service period.

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PATIENT SIGNATURE

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DATE

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PATIENT'S PRINTED NAME