

ADDENDUM**CK (CONDUCTIVE KERATOPLASTY®) and NEARVISIONSM CK INFORMED CONSENT**

Informed Consent. This CK and NearVision CK Informed Consent is intended to supplement the Vision Correction Surgery Patient Information Form to provide you with additional information concerning CK and NearVision CK surgeries so that you can make an informed decision whether to undergo CK or NearVision CK surgery. You should carefully read both the Vision Correction Surgery Patient Information Form and this Informed Consent and discuss all your questions and concerns with your surgeon or personal eye care provider.

Alternatives to CK and NearVision CK. The safest alternative to CK and NearVision CK is to continue to wear your eyeglasses or contact lenses and not have either CK or NearVision CK. Surgical alternatives include LASIK, PRK, LASEK or intraocular lenses. To learn more about these procedures, be sure to ask your surgeon or personal eye care provider.

You May Not Be a Candidate for CK or NearVision CK if You:

- Have any abnormality or thinning of the cornea
- Have a history of herpes simplex eye infection
- Have untreatable dry eye(s)
- Have cataracts
- Have had intraocular or corneal surgery, including any refractive or therapeutic surgery
- Have autoimmune disease, rheumatoid arthritis or other collagen vascular disease
- Have significant allergies that affect the eye
- Have insulin-dependent diabetes
- Are immunocompromised or take medications that may suppress your immune system
- Have an implanted electronic device such as a pacemaker or defibrillator

Risks and Complications of CK and NearVision CK. This Informed Consent summarizes possible risks and complications associated with CK and NearVision CK; however, it is impossible to list all the potential risks and complications. Because both CK and NearVision CK are new procedures, certain risks and complications associated with it may be unforeseeable at this time. As a result, it is important to be aware that the long-term studies and results of CK and NearVision CK may reveal additional risks and complications not described in this Informed Consent. Risks and complications potentially associated with CK and NearVision CK include:

- Corneal infection, ulceration or scarring which could cause serious damage to the cornea.
- Regression of visual acuity (loss of your initial favorable result over time), which may result in the need for additional vision correction surgery within the next couple of years.
- Decrease of acuity of distance vision in the treated eye.
- Reduction in depth perception.
- Dry eyes, which is generally treatable with artificial tears and resolves in 1-3 months, but may be permanent.
- The following common side effects, which are usually temporary but which may be permanent: pain or discomfort, foreign body sensation, increased sensitivity to light, glare and halos around lights, haze, blurred or fluctuating vision.
- Over correction, causing nearsightedness which may be treatable or permanent.
- Need for additional procedures to achieve the desired result.
- Astigmatism, creating a need for eyeglasses.
- Significant difference in refractive errors between eyes (anisometropia) resulting in poor vision, particularly if the procedure is performed on one eye.
- Ptosis (droopy eyelids).
- Complications due to anesthetic drops or other medications used in conjunction with CK or NearVision CK.
- Death.

Additional Risks. Because of the risks potentially associated with CK and NearVision CK, it is very important to provide complete and accurate medical information to your surgeon. If you fail to provide complete and accurate information, you may be subject to additional risks and complications or the risk of complications may increase.

Patient Agreement

By signing this Informed Consent, you understand and agree as follows (check all that apply):

- I wish to have the following vision correction surgery performed:_____.
- The information contained in this Informed Consent has been explained to me using terms I could understand, and all my questions and concerns have been addressed.
- I have received and reviewed the Vision Correction Surgery Patient Information Form and the information contained therein has been explained to me using terms I could understand, and all my questions and concerns have been addressed. (For more information regarding CK and NearVision CK, please consult the Vision Correction Surgery Patient Information Form, page 2)
- I understand that CK and NearVision CK are elective procedures and I hereby freely accept all possible risks, complications and side effects that may result from the surgery I have selected.
- I understand that no guarantees have been made to me regarding the outcome of this surgery, and that I remain financially responsible for all costs associated with the surgery.

Patient's Signature _____

Patient's Name (print) _____

Date _____

Witness's Signature _____

Witness's Name (print) _____

Date _____

Surgeon's Signature _____

Surgeon's Name (print) _____

Date _____