Client's name:_____ Contact:_____

1) The responsible person

Surgeon/Dr _____,
who fills out the form: do you take the responsibility for planning, implementation, aftercare, and outcome, if I book an operation?
☐ Yes ☐ No

2) Patient instructions

2A) Will you explain in general terms what are your views on the side effects and highly unlikely but possible complications in my case?
☐ Yes ☐ No

2B) Before I book an operation, will I get instructions on my preparation and aftercare in written form?
☐ Yes ☐ No

3) Availability of the surgeon

In case I have questions, will you be personally available for me to contact before and during guarantee period[11] as mutually agreed?

☐ Yes, tel/email: _____
☐ No, I can not promise.

4) Documents

4A) Will I get copies of the documents of all examinations, check-ups, and operations when they are created?
☐ Yes ☐ No

4B) Will I receive all documents that require my signature to read before booking an appointment for surgery?
☐ Yes ☐ No

5) Price validity

Price is valid until _____

6) Price and surgical technique

Surgeon, mark each point.

6A) All expenses in total _____

1. of which – the share of assessment visit _____
2. the share of pre-operative examination _____
3. the share of surgery on both eyes _____

   or the share of surgery on one eye _____
4. follow-up appointments according to the plan ____ pcs,

   price per pcs _____
5. possible additional costs _____

6B) Surgical technique

☐ Flapless technique (e.g. SMILE)
☐ Flap technique (e.g. FemtoLASIK, LASIK)
☐ Surface operation (e.g. PRK, ASA, LASEK, Epi-LASIK)
☐ Lens exchange, lens model _____
☐ Other _____

Client, ask the surgeon's reasons for the recommendation.

6C) In whichever case I feel that there is a need for the surgeon's examinations in addition to the scheduled appointments, are they free of charge during the guarantee period[11]?
☐ Yes ☐ No

7) Treatment of side effects and complications free of charge during the guarantee period

Client, see chapter 2.7. in any case.

Are all examinations and treatments free of charge during the guarantee period[11], if surgery-related side effects or complications occur? ☐ Yes ☐ No

8) Near vision

Will you explain to me the effects of the surgery on my near vision? ☐ Yes ☐ No

9) Refraction promise given by the surgeon

Client, please note that the refraction promise is the most important of the promises in this checklist for the safety and quality of the operation you are planning.

I promise that by the end of the guarantee period[11]
the refraction of the **right** eye
will be within the range of _____D –> _____D
SER (spherical equivalent),
including maximum astigmatism _____D

I promise that by the end of the guarantee period[11]
the refraction of the **left** eye
will be within the range of _____D –> _____D
SER (spherical equivalent),
including maximum astigmatism _____D

There is always some natural variation in determining of refraction, and therefore any refraction range should include sufficient margins on case-by-case basis.

10) Enhancement by request

If I experience harm from a residual refractive error after operation, and I accept the risks of an enhancement procedure in relation to the expected benefit, will you perform the enhancement operation free of charge during the guarantee period[11]?
☐ Yes ☐ No

The content created in collaboration with Dr Jarno Ylitalo (MD, FEBO).

11) Guarantee period

☐ One year ☐ Two years ☐ Other _____

During the guarantee period, the surgeon fulfills the refraction promise[9] and is available for a client by request and free of charge. The guarantee period starts from the primary operation. It includes possible enhancement(s) and follow-up(s).

12) Refraction guarantee
The surgeon's personal guarantee

If the refraction promise[9] is not fulfilled in one or both of my eyes at the end of the guarantee period[11], or the optical quality produced by the treatment prevents reliable determination of the refraction, will you refund the price I paid, according to 6A (all expenses in total)?

☐ Yes ☐ No

Client, see chapter 2.12. in any case.

Here, refraction refers to lower-order aberrations, i.e. myopia, hyperopia, and astigmatism. If higher-order aberrations produced by the treatment prevent reliable determination of refraction in one or both eyes, the optical quality of the outcome cannot be satisfactory, and it requires a refund of all expenses (6A) under the refraction guarantee. The refraction guarantee does not apply to consequences of events unrelated to the treatment, such as an accident or other influence not connected to the treatment. In order to the refraction guarantee to be valid, the client has to accept that there is a small chance of enhancement operation.

13) Post-guarantee follow-up obligation

If the price of the treatment has been refunded due to the refraction guarantee[12], will you personally carry out check-ups regarding the structures that you operated and refraction of my eyes, until the end of your clinical career, whenever I deem it necessary?

☐ Yes
☐ No

Note that with an experienced surgeon and high quality operating model, the probability of such situation is extremely low. This question is about ensuring that the surgeon's operating model is of high quality and s/he makes all decisions related to your treatment with extra care. You may think that you wouldn't even want to visit the surgeon who is responsible for the situation, but it is still best that you have this option available, because positive answer to this question is a strong motivator to produce highest possible quality in every detail of your care.

Follow-up guarantee is a surgeon's personal commitment that persists even if the surgeon changes his/her place of practice. In an extremely rare case of keratectasia occurring, the follow-up guarantee comes into effect.

14) The client's own question:

The surgeon's answer here, on the next page, or in an email:

If the surgeon changes his/her answers on the form during the preoperative examinations, there must be a well-founded reason for it. In this case, seek second opinion before booking an appointment for surgery.

Signature

In accordance with what I noted above,
I take the responsibility for examinations, refractive surgery, and the outcome of the treatment.

_____
Time and place

Dr _____
Signature

_____
Clarification of name

_____
National Provider Identifier (NPI)

_____
Contact info

This form remains with the client. The surgeon may take a copy or a photo of the signed form for him/herself.

Client, please note: Always adhere to the instructions given by your attending surgeon.

The checklist is a tool for choosing the highest quality service provider when considering refractive surgery, and it is not a medical guide, although it does contain general guidelines reviewed by refractive surgeons.

Your surgeon will take a great responsibility, and therefore s/he should be chosen carefully. OcuCoach checklist is a comparison tool that enables you to make a well-informed decision. It helps you ensure that you receive the best care in all situations.

Your surgeon is responsible for your treatment and is the best expert in your situation. OcuCoach checklist does not make decisions for you, and the author of the checklist and/or any of the sources and/or the expert source designing information content of the checklist are not responsible for your decisions. If the decision is challenging, it is helpful to consult an expert who has no financial interest in your planned surgery and to show them the fully or partially filled forms.

Obviously, the form cannot exclude all possible problems related to surgical operations. Even in case the money you paid for the treatment is refunded, it does not necessarily mean that malpractice happened. It is a refund because the refraction promise made before the surgery was not fulfilled.

The guaranteed refraction promise presented on this form concerns a refraction as an end result of the treatment. Experienced surgeon knows how to determine a suitable refraction promise in your individual situation, and therefore it is highly unlikely that refund would need to be considered. The most important function of OcuCoach checklist is that it directs the operating model of your treatment to be the safest possible, and that you get a realistic individual estimate of the outcome before booking an operation.

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Client's name:_____ Contact:_____

14) The client's own question:

The surgeon's answer here, on the next page, or in an email: