

MY VISION GOALS... Please Circle Your Goal

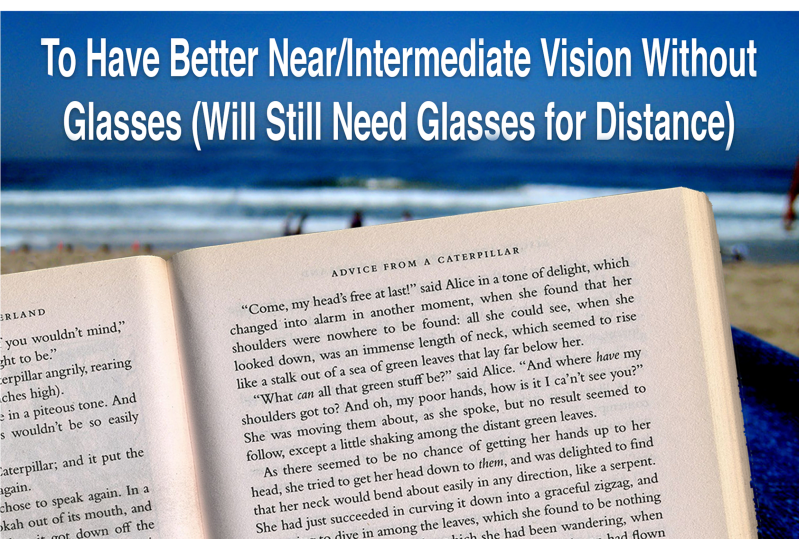
To Have Better Overall Vision
at Distance, Intermediate,
and Near Without Glasses



To Have Better Distance Vision Without Glasses
(Will Still Need Glasses for Close Up)



To Have Better Near/Intermediate Vision Without
Glasses (Will Still Need Glasses for Distance)



To Wear Glasses and Not Spend Any Extra Money



RIGHT EYE

Your Astigmatism Is:	Minor		Mild/Moderate	
	Symfony	LRI or Symfony + Toric	Toric	Femto or Symfony + Femto
Per Eye Investment				
ORA				
Estimated Total				

*Please Note: These costs include charges for Surgical Eye Care, the OR facility, and your comanaging eye doctor.

LEFT EYE

Your Astigmatism Is:	Minor		Mild/Moderate	
	Symfony	LRI or Symfony + Toric	Toric	Femto or Symfony + Femto
Per Eye Investment				
ORA				
Estimated Total				

*Please Note: These costs include charges for Surgical Eye Care, the OR facility, and your comanaging eye doctor.

I understand the above represents my vision goals and that NO guarentees in outcome have been given because everyone heals differently. I also understand these are price estimates and are subject to change.

Patient Signature: _____

Date: _____ Left Eye Goal / Right Eye Goal / Both Eyes Goal

Investment Summary:	Right Eye	Left Eye
Surgical Eye Care		
OD Comanagement		
Total		