

**Patient Agreement**

I understand and attest to the following pre-cataract surgery considerations, as noted by my initials and signature below:

\_\_\_ I have cataracts.

\_\_\_ Cataracts diminish my quality of life.

\_\_\_ I am at or below the Texas poverty line (see <https://livingwage.mit.edu/states/48>).

\_\_\_ Cataract surgery is expected to improve my functional vision.

\_\_\_ My best corrected visual acuity in my best eye is worse than 20/40.

 \_\_\_ This procedure will be performed with a single vision conventional lens.

\_\_\_\_ I may need spectacles following the procedure to achieve the best corrected visual acuity.

\_\_\_ This procedure will be performed at no charge for just one eye.

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**Patient Printed Name Date**

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**Patient Signature Date**