

CHICAGO OFFICE

7447 W TALCOTT AVE, SUITE 406
CHICAGO IL 60631

ELGIN OFFICE

2371 BOWES RD, SUITE 400
ELGIN IL 60123



CHICAGOLAND
EYE CONSULTANTS

WWW.CHICAGO-EYE.COM

773-775-9755

WHAT A GREAT TIME TO HAVE A CATARACT!

Dear Patient,

We would like to inform you of the many exciting options and new technology that we now offer our patients who have cataracts.

It is important that we educate you, so that you are able to make a decision based on your particular lifestyle and visual needs.

Please take some time to **review the enclosed education materials**. Feel free to discuss and share this information with family members and loved ones. If you wish to go over the newest technology in lens options with Dr. Dhaliwal, please call our office at **773-775-9755 to schedule an appointment**. When scheduling your appointment, let the staff know you would like to learn more about lifestyle lens options.

After you schedule your next exam, please bring your completed questionnaire with you to your appointment. During your exam my staff and I will discuss which lens options may be appropriate for you. We look forward to seeing you and helping you achieve your **best** possible vision.

Sincerely,

Jasmeet Dhaliwal, M.D.

CHICAGO OFFICE

7447 W TALCOTT AVE, SUITE 406
CHICAGO IL 60631



CHICAGOLAND EYE CONSULTANTS

ELGIN OFFICE

2371 BOWES RD, SUITE 400
ELGIN IL 60123

WWW.CHICAGO-EYE.COM

773-775-9755

LEARN MORE ABOUT THE SURGEON!



Dr. Dhaliwal was born in Melrose Park and grew up in the Chicagoland (Des Plaines) area. He completed his undergraduate studies at [Northwestern University](#) and went on to earn his [medical degree from the University of Illinois](#). Afterwards, he completed his internship at the University Of Chicago Hospital. He then continued and completed his ophthalmology residency at the University of Cincinnati where he was named Chief Resident and won the prestigious Most Outstanding Resident research award. Dr. Dhaliwal decided to further his training with a fellowship in Cornea & External Disease and Refractive Surgery at Henry Ford Hospital & Health System in Michigan. In addition, he has published several research studies in prestigious ophthalmology journals.

Dr. Dhaliwal is an experienced Board Certified Ophthalmologist, in Chicago, IL, who has performed thousands of high quality, surgical procedures. He brings with him modern surgical techniques. These include minimally invasive [DSEK corneal transplant surgery](#), [presbyopic and astigmatic correcting intraocular implants](#), and Wave front Guided Custom LASIK and PRK refractive surgery. Dr. Dhaliwal has performed over 10,000 procedures.

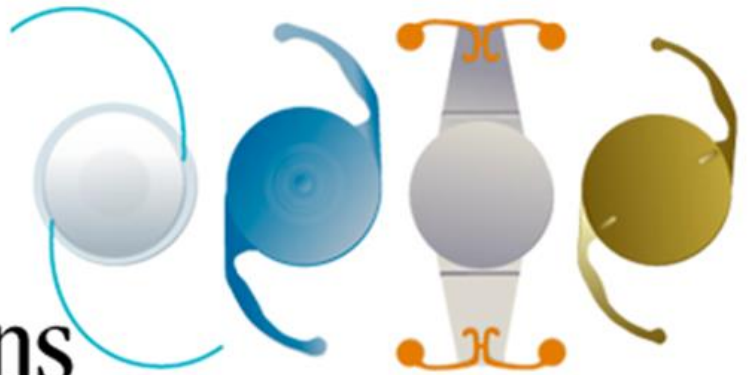
He strongly believes in treating each patient as he would his own family. It is important to him that his patients are actively involved in their care by developing long lasting relationships and educating them with simple to understand answers. Dr. Dhaliwal's goal is to provide the most advanced, modern, comprehensive eye care to his patients in his Chicago and Elgin Ophthalmology practice. His professional interests include [cataract surgery](#), laser vision correction, [corneal transplant](#) & pterygium surgery, [comprehensive ophthalmology](#), [glaucoma management](#), [diabetic eye disease management](#), and [cosmetic procedures](#).

HOSPITAL STAFF APPOINTMENTS

- **Presence Resurrection Medical Center, Chicago, IL**
- **Presence Saint Joseph Hospital, Elgin IL**
- **Advocate Sherman Hospital, Elgin IL**
- **Belmont Harlem Surgery Center**

Cataracts?

Understand
your Lens
Implant Options



AcrySof [ReSTOR](#) Multifocal Lifestyle Lens Implants

These lens implants are designed to provide a full range of vision-near, far, and in between. The goal of these lenses are to allow you to live the majority of your day spectacle-free, and to see things near and far and in between without glasses

AcrySof [Toric](#) (Astigmatism Correcting) Lifestyle Lens Implant

The design of this lens makes it possible to reduce or eliminate astigmatism and significantly improves distance vision. Glasses will usually be needed for up-close and in-between tasks.

Basic [Monofocal](#) Lens Implant (Government Issued)

With single-vision lens implants, there is a very high likelihood that you will need glasses for most near-vision activities after surgery, even if you do not wear near-vision glasses before surgery. The monofocal lens usually does not correct for astigmatism or in-between vision.

Although Medicare and most secondary insurance providers cover the cost of cataract surgery, there is an additional charge for LIFESTYLE LENS technology. If it is determined that you are a candidate for these lenses, we can discuss payment plans that will make this option more affordable for you. During your visit we will recommend the best lens specifically tailored to your needs that will enhance your vision. We look forward to seeing you at your cataract evaluation exam and sharing these exciting new lens options with you.

For further information relating to cataracts, cataract surgery, and lens options, please visit WWW.CHICAGO-EYE.COM.

CHICAGO OFFICE

7447 W TALCOTT AVE, SUITE 406

CHICAGO IL 60631



CHICAGOLAND
EYE CONSULTANTS

ELGIN OFFICE

2371 BOWES RD, SUITE 400

ELGIN IL 60123

WWW.CHICAGO-EYE.COM

773-775-9755

Date _____ Name _____

Cataract and Refractive Lens Exchange Questionnaire

The term "cataract" refers to a cloudy lens within the eye. When a cataract is removed, an artificial lens is placed inside the eye to take the place of the human lens that has become the cataract. Occasionally, clear lenses that have not yet developed cataracts are also removed to reduce or eliminate the need for glasses or contacts. If it is determined that surgery is appropriate for you, this questionnaire will help us provide the best treatment for your visual needs. It is important that you understand that many patients still need to wear glasses for some activities after surgery.

Please fill this form out completely and give it to the doctor.

1. Surgery to reduce or eliminate your dependence upon glasses for Distance, Mid-range and Near Vision. You may be a candidate for this procedure.

Would you be interested in learning more about this option?

___ Yes ___ No ___

2. Please check the single statement that best describes you in terms of night vision:

___ a. Night vision is extremely important to me, and I require the best possible quality night vision.

___ b. I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.

___ c. Night vision is not particularly important to me.

3. If you had to wear glasses after surgery for one activity, for which activity would you be most willing to use glasses? ___ Distance Vision. ___ Mid-range Vision. ___ Near Vision.

7. Please place an "X" on the following scale to describe your personality as best you can:

[-----|-----]

Easy going

Perfectionist

Please Sign Here _____

VISIÓN PARA SU ESTILO DE VIDA

ENCUESTA PARA PACIENTES CON CATARATAS

Usted tiene una decisión importante que tomar con respecto al futuro de su visión

La finalidad de esta encuesta es ayudarnos a entender sus metas en cuanto a su visión, para poder ofrecerle el mejor lente posible para su estilo de vida

1 A lo largo del día, realiza actividades que requieren que sus ojos ajusten el foco dependiendo de las distancias.

Haga un círculo alrededor de las actividades que son más importantes para su estilo de vida o escríbalas:

DE LEJOS

 Conducir

 Golf

 Eventos deportivos

 Paisaje

OTRA

INTERMEDIA

 Tablero del auto

 Trabajo en computadora

 Compra de víveres

 Celulares o tableta

OTRA

DE CERCA

 Letra pequeña

 Juegos y rompecabezas

 Costura

 Maquillaje

OTRA

2

En promedio, cuántas horas le dedica a:

Por favor, indique el número al lado de la actividad:

- Conducir
 Disfrutar actividades de estilo de vida (es decir, golf, cocina, jardinería, etc.)
 Usar dispositivos electrónicos (es decir, celulares, tabletas, lectores electrónicos)
 Leer libros o periódicos
 Tejer, leer letra pequeña

3

Pensando a largo plazo, ¿cuán importante sería para usted depender menos de sus anteojos?

- No me molestan.
 Sería agradable.
 Los anteojos son molestos.
 Odio usarlos

4

¿Con qué frecuencia conduce en condiciones de poca luz (al anochecer, de noche, al amanecer, con lluvia)?

- Nunca
 No mucho, pero me gustaría hacerlo.
 Ocasionalmente
 Con frecuencia

5

Marque, lo mejor que pueda, dónde considera que encaja su personalidad en esta escala.



6

Sé que mi seguro puede cubrir solo parte del procedimiento y quiero conocer más acerca de las opciones de mi tratamiento.

En el caso de que mi seguro no cubra completamente el procedimiento, quiero conocer las opciones de financiamiento.

- Estoy de acuerdo
 No estoy de acuerdo
 Estoy de acuerdo.
 No estoy de acuerdo

7

Para asegurarnos de que su visita sea una gran experiencia, comparta cualquier pregunta o inquietud que quiera plantearnos.

WIZJA DLA TWOJEGO STYLU ŻYCIA.

ANKIETA DLA PACJENTÓW Z ZAĆMĄ

Musisz podjąć ważną decyzję dotyczącą Twojej przyszłości.
 Ta ankieta pomoże nam zrozumieć Twoje cele, dzięki czemu będziemy mogli zaoferować Ci najlepszą możliwą soczewkę dla Twojego stylu życia.

1 **W ciągu dnia wykonujesz czynności wymagające od oczu skupiania się na różnych odległościach.**
Zakreśl kółkiem lub napisz w czynnościach, które z nich są najważniejsze dla Twojego stylu życia:

WIDZENIE Z DALI

	Prowadzenie samochodu	Golf	Wydarzenia sportowe	Krajobraz
--	-----------------------	------	---------------------	-----------

INNE

POŚREDNIA ODLEGŁOŚĆ

	Deska rozdzielcza samochodu	Komputer	Zakupy spożywcze	Telefon komórkowy lub tablet
--	-----------------------------	----------	------------------	------------------------------

INNE

WIDZENIE Z BLISKA

	Drobny druk	Gry i puzzle	Szycie	Makijaż
--	-------------	--------------	--------	---------

INNE

2	Średnio, ile godzin dziennie spędzasz na poszczególnych aktywnościach: <i>prosimy podać liczbę obok aktywności;</i>					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Prowadzenie samochodu	Związane ze stylem życia (np. golf, ogrodnictwo, gotowanie itp.)	Korzystanie z urządzeń multimedialnych (tj. telefonu komórkowego, tabletu, e-czytnika)	Czytanie książek, gazet	Dzierganie, czytanie drobnego druku	
3	Myśląc długoterminowo, jak ważne jest dla Ciebie, aby rzadziej polegać na okularach?					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Okulary mi nie przeszkadzają	Byłoby miło	Okulary mi przeszkadzają	Nie cierpię nosić okularów		
4	Jak często prowadzisz samochód w warunkach słabego oświetlenia (zmierzch, noc, świt, deszcz)?					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Nigdy	Nie często, ale się zdarza	Okazjonalnie	Często		
5	Zaznacz najlepiej jak możesz, gdzie na tej skali mieści się Twój typ osobowości.					
	<input type="text"/>			<input type="text"/>		
	Wyluzowany			Perfekcjonista		
6	Wiem, że moje ubezpieczenie może obejmować tylko niektóre zabiegi i chcę poznać dostępne dla mnie opcje leczenia.			Jeśli dany zabieg nie jest w pełni objęty ubezpieczeniem, chcę poznać opcje finansowania.		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Zgadzam się	Nie zgadzam się	Zgadzam się	Nie zgadzam się		
7	Aby Twoja wizyta była jak najbardziej owocna, podziel się wszelkimi pytaniami lub wątpliwościami, o których chciałbyś/chciałabyś, abyśmy wiedzieli.					
	<input type="text"/>					
	<input type="text"/>					