

YOU MUST READ

THIS

INFORMATION

TWO WEEKS

PRIOR TO YOUR

CATARACT SURGERY

TO PREPARE.

PLEASE GO OVER THE SURGERY CHECK LIST

- ☐ 1. PLEASE READ YOUR CATARACT SURGERY PACKET PRIOR TO SURGERY.**

- ☐ 2. MAKE SURE YOU GET YOUR PHYSICAL PRIOR TO SURGERY.**

- ☐ 3. MAKE SURE YOU GET YOUR BROMDAY OR ACULAR LS PRESCRIPTION FILLED BEFORE SURGERY. START IT ON MONDAY THE WEEK OF SURGERY IN THE SURGICAL EYE.**

- ☐ 4. MAKE SURE YOU GET YOUR ZYMAXID OR POLYMYXIN-B PRESCRIPTION FILLED FOR AFTER SURGERY. CATHY WILL GO OVER YOUR PRESCRIPTIONS AFTER SURGERY.**

- ☐ 5. MAKE SURE YOU GET YOUR PREDNISOLONE 1% PRESCRIPTION FILLED FOR AFTER SURGERY. CATHY WILL GO OVER YOUR PRESCRIPTIONS AFTER SURGERY.**

- ☐ 6. PLEASE CALL CATHY AT DR. HUANG'S OFFICE AT LEAST 10 DAYS PRIOR TO SURGERY WHEN YOU MAKE A DECISION ON EITHER A STANDARD LENS WHICH COMES WITH SURGERY OR A SPECIALTY LENS WHICH IS A COSMETIC OR PREMIUM LENS AND IS NOT COVERED BY YOUR MEDICAL INSURANCE (E.G. CRYSTALEN, RESTOR, REZOOM, TORIC LENS & TECNIS MULTIFOCAL).**

Harry Huang M.D.
5630 Shields Drive
Bethesda, MD 20817

TEL: (301) 897-3322
FAX: (301) 897-3292

SURGICAL DATE:

DAY:THURSDAY

SURGICAL PROCEDURE : CATARACT SURGERY WITH LENS IMPLANT

LOCATION : FRIENDSHIP SURGERY CENTER

TIME TO ARRIVE :

INSTRUCTIONS

IF YOU HAVE ANY TROUBLE OR QUESTIONS REGARDING SURGERY OR DECIDE THAT THE SURGERY NEEDS TO BE CANCELLED ON SHORT NOTICE , CALL CATHY AT THE OFFICE IF NECESSARY. THE OFFICE NUMBER IS 301-897-3322 OR EMAIL CATHY AT huangsurgerycoordinator@gmail.com

IF YOU HAVE A MEDICAL EMERGENCY AFTER SURGERY PLEASE CALL DR. HUANG AT 301-807-4500

ANY QUESTIONS YOU HAVE ABOUT TRAVEL SHOULD BE DISCUSSED BEFORE THE SURGERY. SOMETIMES YOU MAY HAVE A FEW RESTRICTIONS DEPENDING ON WHAT TYPE OF TRAVEL IS TO BE DONE.

Make sure you make an appointment with your family doctor for preoperative Cataract testing. Enclosed is a letter for your doctor regarding pre-op examination.

START BROMDAY ON MONDAY THE WEEK OF SURGERY IN SURGICAL EYE.

WHEN YOU GO TO PURCHASE YOUR PRESCRIPTIONS IF YOU FEEL IT'S TOO EXPENSIVE PLEASE CALL CATHY AT DR. HUANG'S OFFICE.

FRIENDSHIP AMBULATORY SURGERY CENTER
5550 Friendship Blvd., Suite # 270
Chevy Chase, MD. 20815

Telephone : (301) 215-7347
Fax : (301) 215-7345

BEFORE SURGERY INSTRUCTIONS:

MEDICATIONS: If you are not sure about taking medications before surgery give Cathy a call at (301) 897-3322 between the hours of 7:30 a.m and 3:30 p.m. Monday- Friday.

MISCELLANEOUS: Make sure all pre-admission tests have been sent to the FRIENDSHIP SURGERY CENTER at fax number (301) 215-7345.

DAY OF SURGERY INSTRUCTIONS:

DIET: Surgery Patients can eat six hours before surgery and have clear liquids four hours before surgery.

No Milk or Citrus please.

MEDICATIONS: Take your blood pressure and heart medications the day of surgery. Take your Glaucoma medications day of surgery. Take any Medications your internist has prescribed for the day of surgery. If you use an inhaler, please bring it with you.

MISCELLANEOUS: Wear comfortable clothing. You will not be required to remove any clothing. Wear your hearing aid and/ or dentures.

PARKING IN BUILDING GARAGE

If you park in the building you will have to pay for parking. Please park on level P1 in an available visitor's space.

MAKE SURE YOU HAVE SOMEONE TO STAY WITH YOU ON THE DAY OF SURGERY.

POST OPERATIVE INSTRUCTIONS

1. AVOID RUBBING OR TOUCHING THE EYE. YOU MAY CLEAN AROUND THE EYE WITH A TISSUE GENTLY IF IT IS TEARING. IF YOU CLEAN THE OUTER LIDS WITH A MOIST TISSUE TRY NOT TO GET WATER INTO YOUR EYE.
2. IF YOU ARE EYE ACHES OR YOU HAVE MILD PAIN TAKE TYLENOL. IF YOU HAVE SEVERE PAIN, A RAPID DECREASE / CHANGE OF VISION, BECOME VERY LIGHT SENSITIVE PLEASE CALL DR. HUANG'S OFFICE IMMEDIATELY OR HAVE HIM PAGED. DO NOT WAIT TO CALL IF YOU EXPERIENCE ANY OF THESE SYMPTOMS.
3. THE EYE SHIELD, THE METAL SHIELD WITH LITTLE HOLES, SHOULD BE WORN AT BEDTIME. THIS IS SO YOU DO NOT ACCIDENTALLY INJURE, RUB OR SCRATCH THE EYE WHILE YOU SLEEP. IT ALSO PROTECTS THE EYE FROM TRAUMA IF YOU ROLL OVER ONTO THE OPERATED EYE WHILE YOU SLEEP.
4. PLEASE AVOID GETTING WATER OR SOAP IN THE OPERATED EYE WHEN TAKING A SHOWER OR WASHING YOUR FACE FOR TWO WEEKS.
5. YOU SHOULD NOT DO ANY HEAVY LIFTING FOR AT LEAST TWO WEEKS AFTER THE SURGERY. NO WEIGHT LIFTING OVER FIFTEEN POUNDS. NO CARDIO EXERCISING, TENNIS, GOLF OR SWIMMING. YOU SHOULD BEND AT THE KNEES AND NOT THE WAIST TO PICK OBJECTS OFF THE FLOOR.
6. DRIVING WILL BE DISCUSSED WITH YOU THE DAY OF YOUR SURGERY .
7. MAKE SURE YOU FOLLOW THE POST-OPERATIVE EYE DROP INSTRUCTION GIVEN TO YOU BY CATHY THE SURGERYCOORDINATOR ON THE DAY OF YOUR SURGERY.
8. DR.HUANG WILL BE AVAILABLE FOR EMERGENCY CALLS AFTER YOUR SURGERY. HIS PHONE IS (301) 807-4500 OR YOU MAY CALL HIM IN THE OFFICE.
9. TRAVELING BY AIR IS NOT PERMITTED UNTIL TWO WEEKS AFTER SURGERY.
10. NO DENTAL WORK TWO WEEKS BEFORE SURGERY OR THE FIRST TWO WEEKS AFTER SURGERY.

DIRECTIONS TO THE FRIENDSHIP AMBULATORY SURGERY CENTER, P.C.
5550 FRIENDSHIP BOULEVARD., SUITE 270
CHEY CHASE, MD 20815
PHONE: 301-215-7347; FAX: 301-215-7345

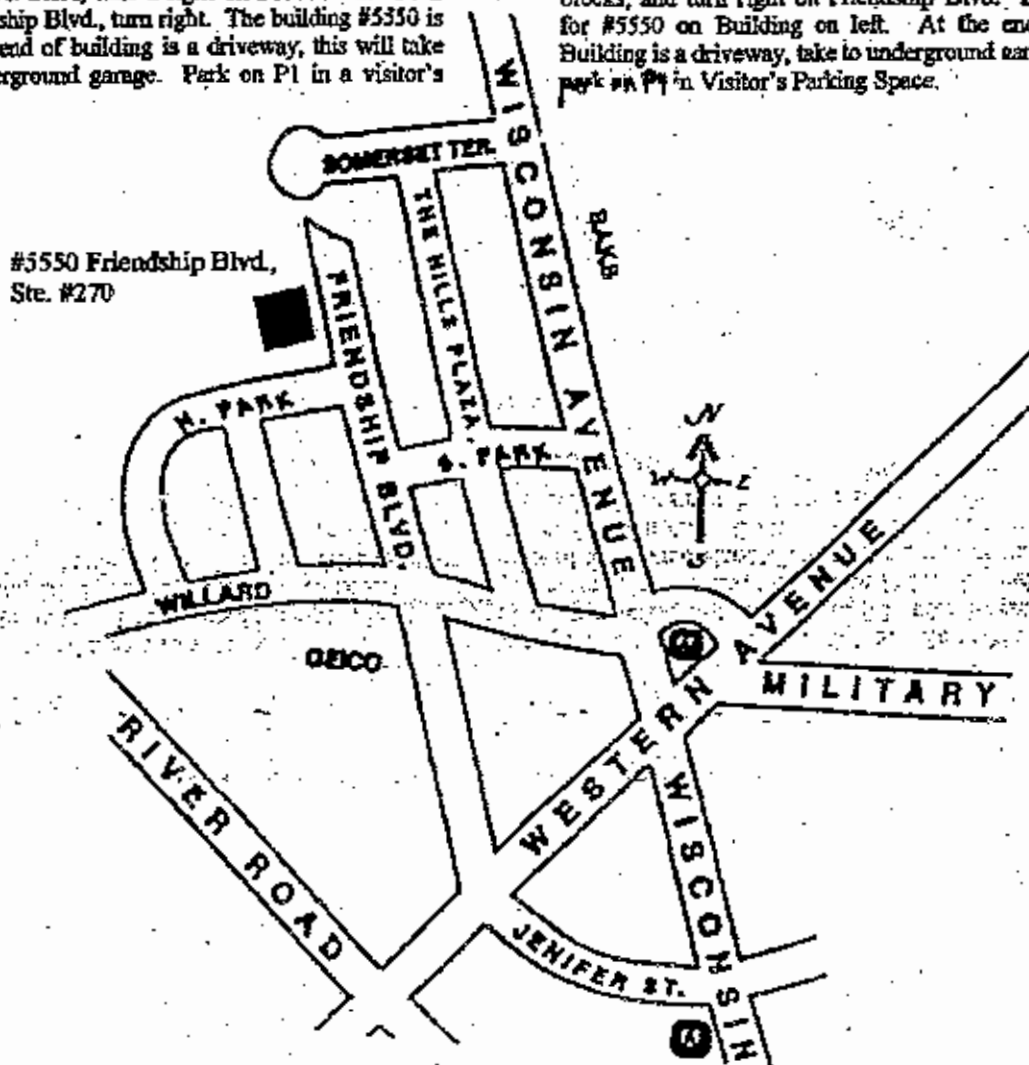
Mont. Co., PG Co., & Points East

Take #495 to Wisconsin Ave., Exit 34 toward Bethesda.

Proceed South on Wisconsin Ave. thru Downtown Bethesda & then thru one mile of residential area. You will then see "Tall Buildings" on your right. This is Chevy Chase. Just past Saks 5th Ave. Store, take a right on South Park. Go 2 blocks to Friendship Blvd., turn right. The building #5550 is on left. At the end of building is a driveway, this will take you to the underground garage. Park on P1 in a visitor's space.

From Northern VA via #395 or Route #1 using Key Bridge - Wisconsin Ave.

Take Exit 11 (Memorial Bridge) to Parkway. Stay in the right lane to Key Bridge. Take right on "M" St. Take a left on Wisconsin Ave. Proceed north until you pass the Mazza Gallery on the left. Go 2 Traffic lights and take left on South Park. Go 2 blocks, and turn right on Friendship Blvd. Look for #5550 on Building on left. At the end of Building is a driveway, take to underground garage. park on P1 in Visitor's Parking Space.



#5550 Friendship Blvd,
Ste. #270

From Northern VA, Fairfax Co., and Points West:

Take #495 to River Rd. Exit Toward DC. Continue on to Willard Ave. and turn left. Proceed to next traffic light (Friendship Blvd.) and turn left. Go 1 block look for #5550 on left. At the end of building is a driveway, take left, proceed to underground garage and park in Visitor's Space.

Using Key Bridge - McArthur Blvd. (Alternate Route)

Cross Key Bridge, take left on "M" St. Go to McArthur Blvd. turn left. Go to Loughboro Rd., take a right. Go past Sibley Hospital and turn left on Dalecarlia Parkway. Proceed to Westmoreland Circle. Go halfway around and exit on Western Ave. Go 2 traffic lights to Jenifer St. & turn left. This street becomes Friendship Blvd. Go 2 Blocks. Look for building #5550 on left. At the end of the building is a driveway, turn left and go down to the underground garage. Park on P1 in a Visitor's space.

HARRY H. HUANG, M.D., P.A.
PREMIUM LENS EXPECTATION FORM

The purpose of upgrading to premium lenses is to try to decrease your dependence on glasses. The vast majority of our patients are extremely satisfied with their results following premium lens implantation. However, as with any surgery, there is no guarantee that premium lenses will work for you, and there are a few things you should know when you make the decision to upgrade to premium lenses:

Even with premium lenses, your vision may not be a perfect 20/20 following the surgery. It may take at least six months following surgery to achieve your best visual potential. Moreover, for best visual potential to be achieved, it is possible that one or more additional procedures will be required. These include YAG laser capsulotomy, Excimer laser, corneal relaxing incisions, punctal plugs, and/or intraocular lens procedure.

Even with premium lenses, you still may need glasses for distance, intermediate vision or reading. For example, some patients may require glasses for driving or night driving, for using the computer, for reading fine print or performing complex near vision tasks, or for reading some font sizes at different distances away from the eye.

All cataract implant patients, including those who choose premium lenses and those who do not, may experience glare, halos, light sensitivity, and/or difficulties driving at night. This is because light rays are now passing through an artificial material (the intraocular lens implant) to be focused onto the retina, as well as because of the natural aging process of parts of the eyes. The goal of cataract implant surgery is to improve the patient's overall visual function, but whether or not you choose premium lenses, surgery may not eliminate all preoperative visual complaints.

All cataract implant patients, including those who choose premium lenses and those who do not, will need to wear a hat and/or sunglasses outside to reduce ultraviolet ray exposure to the macula to prevent macular degeneration. You should plan to do this on a permanent basis following surgery, if you are not doing this already.

The fee for premium lenses and related services is nonrefundable.

FOR MULTI-FOCAL IMPLANT PATIENTS ONLY: Although multi-focal premium implants -- Aspheric Restor, Rezoom and Technis Multifocal -- have the benefit of better reading vision, patients with these implants may experience more glare and halos, especially at nighttime, than occur with other implants. This usually improves with time but may not go away completely.

FOR CRYSTALENS PATIENTS ONLY: You will require dilation drops for about ten days after surgery. This may make you particularly sensitive to sun exposure, and during this ten day period you may experience more glare, halos, and light sensitivity. During the first ten days following surgery you **MUST** wear reading glasses so that the Crystalens heals in the proper position to give you better reading vision long-term. You will need to purchase these reading glasses, which are available over the counter at most drug stores. In most cases, the correct reading glasses will be +2.50 diopters, but you should check with us the day after surgery as to the correct power for you.

I have read and understand the above.

Name of Patient: _____ Date: _____

Patient Signature: _____

HARRY H. HUANG, M.D.
5630 SHIELDS DRIVE
BETHESDA, MD 20817
TEL (301) 897-3322
FAX (301) 897-3292

Dear Doctor :
RE:

I am writing to ask you to medically clear our mutual patient for cataract extraction with intraocular implant. I have scheduled this procedure for _____ at the Friendship Surgery Center on an outpatient basis under local/general standby anesthesia. I have asked the patient to make an appointment to see you. The Friendship Surgery Center Anesthesia department requires the following:

The Friendship Surgery Center uses these guidelines.

1. The history and physical should be done within four weeks of the surgery.
2. Required pre-operative diagnostic studies (minimum requirement).

Age 0—65

- I. **PHYSICAL & HISTORY** within four weeks prior to surgery.
- II. **EKG** within Twelve weeks prior to surgery.

Age 65 and over

- I. All the same as the 40-65 requirements and a chest x-ray if the patient has had a recent pulmonary disease or illness.

I would appreciate your assistance in forwarding all medical results and any recommendations that will aid our surgery directly to the Friendship Surgery Center.

The fax number is (301) 652-0732. The patient may also hand carry the results to the Friendship Surgery Center.

Please feel free to contact me and discuss this matter. I will keep you posted of our patient's progress. Thank you very much for assistance.

Sincerely,
Harry H. Huang, M.D.

Patient Name _____

Account # _____

**NOTICE OF EXCLUSION FROM MEDICARE BENEFITS FOR PRESBYOPIA CORRECTING IMPLANT
AND RELATED SERVICES**

Medicare does not pay for all of your health care costs. Medicare only pays for covered benefits. Some items and services are not Medicare benefits and Medicare will not pay for them. When you receive any item or service that is not a Medicare benefit, you are responsible to pay for it, personally or through any other insurance that you may have.

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself. Before you make a decision about your options, should read this entire notice carefully.

Medicare will not pay for the cost of a Presbyopia correcting implant and related services. This includes:

1. The Presbyopia correcting implant;
2. Additional intraoperative corneal surgery;
3. Post-operative refractive keratoplasty for the purpose of reducing dependence on eyeglasses or contact lenses (limbal relaxing incisions, corneal relaxing incisions, PRK, LASIK, etc.);
4. Corneal/lenticular diagnostic testing;
5. In some instances, retinal/macular diagnostic testing.

Medicare does not cover this cost because it does not meet the definition of any Medicare benefit. Medicare has established a specific policy concerning Presbyopia-correction that declares these items and services to be not covered and the financial responsibility of the beneficiary. CMS Ruling No. 05-01 (May 3, 2005), and Transmittal 636 (Aug. 5, 2005). Medicare will only pay for standard cataract surgery including the required examinations, testing, follow-up care, and a conventional Intraocular Lens implant.

Please ask us to explain if you do not understand why Medicare will not pay.

The additional cost to you for Presbyopia correcting implant and related services not covered by Medicare is \$ 3000.00.

You do not need a Presbyopia correcting Intraocular Lens and the related services; implantation of this type of lens is completely optional and is not medically necessary. The major difference between standard cataract surgery with a traditional Intraocular Lens implant versus cataract surgery with a Presbyopia correcting implant is the degree of dependence on eyeglasses thereafter. In many cases the dependence on glasses will be less with the Presbyopia correcting implant option.

In addition to the cost of non-covered items and services, you will be responsible for the usual co-payments and deductibles associated with covered services (i.e., cataract surgery).

I have read and understand the above.

Signature of Patient/Person Acting on Patient's Behalf

Date

Patient Name _____

Account # _____

NOTICE OF EXCLUSION FROM MEDICARE BENEFITS FOR ASTIGMATISM CORRECTING IMPLANT AND RELATED SERVICES

Medicare does not pay for all of your health care costs. Medicare only pays for covered benefits. Some items and services are not Medicare benefits and Medicare will not pay for them. When you receive any item or service that is not a Medicare benefit, you are responsible to pay for it, personally or through any other insurance that you may have.

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself. Before you make a decision about your options, should read this entire notice carefully.

Medicare will not pay for the cost of an astigmatic correcting implant and related services. This includes:

1. The astigmatic correcting (Toric) implant;
2. Additional intraoperative corneal surgery;
3. Post-operative refractive keratoplasty for the purpose of reducing dependence on eyeglasses or contact lenses (limbal relaxing incisions, corneal relaxing incisions, PRK, LASIK, etc.)
4. Corneal/lenticular diagnostic testing;
5. In some instances, retinal/macular diagnostic testing.

Medicare does not cover this cost because it does not meet the definition of any Medicare benefit. Medicare has established a specific policy concerning astigmatism-correction that declares these items and services to be not covered and the financial responsibility of the beneficiary. CMS Ruling No. 05-01 (May 3, 2005), and Transmittal 636 (Aug. 5, 2005). Medicare will only pay for standard cataract surgery including the required examinations, testing, follow-up care, and a conventional Intraocular Lens implant.

Please ask us to explain if you do not understand why Medicare will not pay.

The additional cost to you for astigmatism correcting implant and related services not covered by Medicare is \$ 2250.00.

You do not need an astigmatism correcting Intraocular Lens and the related services; implantation of this type of lens is completely optional and is not medically necessary. The major difference between standard cataract surgery with a traditional Intraocular Lens implant versus cataract surgery with an astigmatism correcting implant is the degree of dependence on eyeglasses thereafter. In many cases, the dependence on glasses will be less with the astigmatism correcting implant option.

In addition to the cost of non-covered items and services, you will be responsible for the usual co-payments and deductibles associated with covered services (i.e., cataract surgery).

I have read and understand the above.

Signature of Patient/Person Acting on Patient's Behalf

Date