



Clemson Eye

Toll-free: 855-654-2020
Web: clemsoneye.com

Dear Patient,

Welcome and thank you for choosing Clemson Eye, a leader in advanced eye surgery. Our eye surgeons are all American Board Certified Ophthalmologists and have together performed over 100,000 cataract and microsurgical procedures. Modern cataract surgery is a pain-less, stitch-less, fast procedure with almost immediate recovery.

While we perform both laser and traditional cataract surgery, laser cataract surgery with advanced lens implants can dramatically improve your post-operative eyesight, regardless of your age. Recent advances in technology allow us to achieve things in cataract surgery we wouldn't have dreamed possible a few short years ago. Please read the enclosed brochure carefully and pay close attention to the information about preparing for your exam.

Please complete the enclosed forms and give them to the receptionist when you arrive

Also, bring with you:

- Eye glasses and/or contact lenses you currently use
- Medical and/or Vision Plan Insurance cards (including primary policy holder information)
- Referral letter, if required by your insurance
- Photo identification
- Form of Payment
- List of Medications

A cataract exam is extensive and takes about 2 to 3 hours. If you have time restrictions, please let us know prior to your appointment. Your eyes will be thoroughly examined by the doctor, and several diagnostic tests will be performed. You are encouraged to bring a friend/family member with you. Throughout this evaluation, we will determine if you are a candidate for a cataract procedure, if you are ready, then you will leave us knowledgeable and prepared for the operation. Your pupils may be dilated, causing temporary blurriness and light sensitivity that can last for several hours. Please exercise caution if you are driving and wear sunglasses or have someone transport you.

Upon completion of your exam, covered charges for our services will be billed directly to your medical insurance provider. You will be responsible for paying for any co-pays, co-insurance, deductibles, and non-covered services. You will meet with a cataract counselor who will explain all aspects of the financial situation before any final decisions are made. We accept cash, check and credit cards. Payment plans are available for higher balances. We look forward to serving you soon!

Clemson Eye Family

Anderson

2011 E Greenville St
Anderson, SC 29621
Office: 864-622-5000
Fax: 864-622-5020

Clemson

931 Tiger Blvd
Clemson, SC 29631
Office: 864-654-6706
Fax: 864-654-3275

Clinton / Laurens

22995 Highway 76 E
Clinton, SC 29325
Office: 864-833-0038
Fax: 864-938-4746

Easley

15 Southern Center Ct
Easley, SC 29642
Office: 864-855-6800
Fax: 864-855-6850

Greenville –

Halton Green Way

1 Halton Green Way
Greenville, SC 29607
Office: 864-987-0034
Fax: 864-622-5020

Greenville –

Pelham Road

360 Pelham Rd
Greenville, SC 29615
Office: 864-268-1000
LASIK: 864-297-8777
Fax: 864-292-2020

Newberry

2735 Winnsboro Rd
Newberry, SC 29108
Office: 803-276-4531
Fax: 803-276-4536

Saluda

503 West Butler Ave
Saluda, SC 29138
Office: 864-445-2102
Fax: 864-445-9696

Simpsonville

273 Harrison Bridge Rd
Simpsonville, SC 29680
Office: 864-967-8582
Aesthetics: 864-408-8380
Fax: 864-963-3232



Patient Information

Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Cell: _____ Email: _____

Birth Date (Mo/Day/Yr): _____ Age: _____ Sex: _____ Social Security #: _____

Name of Insurance: _____ Policy Holder Name: _____

Birth Date (Mo/Day/Yr): _____ Social Security #: _____
Policy Holder Policy Holder

Family Physician: _____

Optometrist: _____ Tel: _____

Referring Physician: _____ Tel: _____

Emergency Contact (Relationship): _____ Tel: _____

Employer: _____ Tel: _____

How Did You Hear About Us?

Friend ☐ Referring Doctor ☐ E-blast ☐ Website ☐ Billboard ☐ Radio ☐ Print ☐ Other ☐

Patient Electronic Information Disclosure

Patients in our practice may be contacted via email or text messaging for appointment reminders, eyewear ready notifications, and other communications related to Clemson Eye services, health care news, new technology, special offers, etc. If, at any time, you do not wish to receive these communications, you can revoke permission by following the “unsubscribe” information at the bottom of any email or by replying “STOP” to any text message you receive from us.

Notice of Privacy Practices:

I authorize the following person(s) to have access to my health information

Name / Relationship to Patient: _____

Name / Relationship to Patient: _____

By signing this form, I acknowledge receipt of the Notice of Provider Privacy Practices of Clemson Eye, which outlines how they may use and disclose my protected health information. I understand that I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed as described in the document by sending a written notification to Clemson Eye P.A. I understand that their Notice of Provider Privacy Practices is subject to change and that I may obtain a copy of the revised notice or ask any questions by contacting Clemson Eye at 855-654-2020. I hereby authorize Clemson Eye to release my health information for purposes of treatment, payment and healthcare operations as described in Clemson Eye Visual Health and Surgery's Notice of Provider Privacy Practices.

Name: _____ Date: _____

Patient / Guardian / Guarantor

Signature: _____

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Clemson Eye, PA must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

We reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, you will receive a revised copy.

Without your written authorization, we can use your health information for the following purposes:

1. **Treatment:** For example, a doctor may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.
2. **Payment:** In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills.
3. **Health Care Operations:** We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

In addition, we may want to use your health information for appointment reminders or to re-schedule appointments. For example, we may look at your medical record to determine the date, time and type of your next appointment with us, and then send you a reminder or re-scheduling letter or have our automatic telephone appointment reminder system call to help you remember the appointment. Or, we may look at your medical information and decide that another treatment or a new service we offer may interest you. For example, we may contact patients who are potential candidates for Laser Refractive Surgery (LASIK), BOTOX, or certain Plastic Treatments or Procedures. Furthermore, we may want to use information found in your medical record, such as your name, address, phone number and treatment dates, to contact you for our fund-raising purposes. For example, in order to provide more charity care or otherwise improve the health of your community, we may want to raise additional money and therefore may contact you for a donation.

4. **As required or permitted by law:** Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.
 5. **For public health activities:** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability.
- This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
6. **For health oversight activities:** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
 7. **For activities related to death:** We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
 8. **For organ, eye or tissue donation:** We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
 9. **For research:** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.
 10. **To avoid a serious threat to health or safety:** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.
 11. **For military, national security, or incarceration/law enforcement custody:** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.
 12. **For workers' compensation:** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.
 13. **For Clemson Eye, PA's directory (should one exist):** Unless you object, we may use your health information, such as your name, location in our facility, and your general health condition (e.g., "stable," or "unstable") for our directory. It is our duty to give you enough information so you can decide whether or not to object to release of this information for our directory. The information about you contained in our directory will be released to people who ask for you by name. We may allow you to agree or disagree orally regarding the use of your health information for directory purposes.
 14. **To those involved with your care or payment of your care:** If people such as family members, relatives, close personal friends or other persons or organizations are helping care for you or helping you pay your medical bills, we may release important health information about you to those people in person, by letter, by telephone, by facsimile (fax), or by electronic mail (e-mail). The information released to these people may include your location within our facility, your general condition, or death. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. In addition, we may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. We may allow you to agree or disagree orally to such release, unless there is an emergency. It is our duty to give you enough information so you can decide whether or not to object to release of your health information to others involved with your care.

Note: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.

If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to the Privacy Officer at Clemson Eye, PA.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Privacy Officer at Clemson Eye, PA. Specifically, you have the right to:

1. **Inspect and copy your health information:** With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information.
2. **Request to correct your health information:** If you believe your health information is incorrect, you may ask us to correct the information. You will be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. **Request restrictions on certain uses and disclosures:** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to your requested restriction. If you receive certain medical devices, (for example, life-supporting devices used outside our facility), you may refuse to release your name, address, telephone number, social security number or other identifying information for purpose of tracking the medical device.
4. **As applicable, receive confidential communication of health information:** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.
5. **Receive a record of disclosures of your health information:** In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, our directory, national security, law enforcement/corrections, and certain health oversight activities.
6. **Obtain a paper copy of this notice:** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. The Notice of Provider Privacy Practices may be found on the web site of Clemson Eye, PA, www.clemsoneye.com, and is available electronically.
7. **Complain:** If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact the Privacy Officer of Clemson Eye, PA, who will provide you with the necessary assistance and paperwork.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact the Privacy Officer of Clemson Eye, PA. Effective Date: January 1, 2010.



Clemson Eye, PA is committed to being a leader in visual health and surgery, offering our patients the best results using the most advanced technology. Please assist us in achieving these goals by complying with our financial policy and verifying your health plan coverage (co-pay, deductible, shared costs) prior to your visit.

Forms of Payment	Cash, check, debit, major credit card, or payment plan.
Co-Pays, Deductibles, Shared costs	All Medicare, Medicaid, and other health plan co-pays, deductibles, and shared costs are payable on the date of service, otherwise a fee of \$20 will be added to your bill as a fee for late payment. We verify your benefits, to the best of our ability. However, it is ultimately your responsibility to know your coverage.
Medicare	We are contracted providers and will file all Medicare claims. At the time of service, you are responsible for 20% of the Medicare allowable fee, plus the deductible and any other service charges not covered by Medicare. Medicare will only pay for services that it determines to be "reasonable and necessary" under Section 1862(a)(1) of the Medicare law. If Medicare denies payment, by signing below you agree to be personally and fully responsible for payment. You also agree that payment of authorized Medicare / Medigap benefits be made payable to Clemson Eye, PA for services rendered by Clemson Eye. Your signature will also authorize any holder of medical information about you to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.
Medicaid	A current copy of the Medicaid card is required prior to treatment or the patient will be rescheduled.
Private Health & Vision Plans	If we are a contracted provider for your health or vision plan, then we will file your health or vision claims. Your plan will directly pay Clemson Eye, PA for services rendered, but if they fail to do so, you are responsible for payment.
Self-Pay	If you do not have health or vision plan coverage, we are happy to provide an estimate of our professional fees. Generally, an eye exam costs between \$70-\$200. Your balance due will be calculated and payable at the completion of our services. We offer payment plans or you may reschedule your appointment until you have sufficient funds.
WC	Workers Compensation authorization is required prior to the appointment.
Non-Covered Services	Payment for all non-covered services is due at the time the service is provided. Please see the reverse side for more details about our most common Non-Covered Services.
Forms & Records	Nominal fees apply for all requested forms and letters. Most commonly, we are asked to complete the DMW DL-63 Eye Exam Form along with other insurance forms, dictated letters from our doctors, copies of medical records, etc. Documents will be ready in 1-3 business days.
Service Charges	Any check returned to our office for non-payment will generate an additional processing fee. We can assist you with setting up a payment plan to pay any outstanding balance. If your account is sent to a collection agency, you will also incur an administrative fee for that effort, including any court costs.
No-Show Charge	Due to the negative impact of missed appointments on our staff, doctors and other patients, a fee of \$50 will be charged for a no-show or missed appointment if you have not provided us with at least 24 hour notice.
Refunds	Credit balances of under \$50 will remain as a credit on your account to be applied to your next visit, or you may request a refund.

I have read and accept the terms of Clemson Eye, PA's Financial Policy. I agree that I am ultimately responsible for the balance of my account for any professional services and items provided to me by Clemson Eye, PA. not paid by my health plan, including Medicare and Medicaid.

Name (print): _____ Date: _____

Patient / Guardian / Guarantor

Signature: _____

Non-Covered Services

Financial Policy

Medicare, Medicaid, and private health and vision plans contract with Clemson Eye, PA to cover many common items and services. However, technology often progresses faster than insurers and as a result, several new tests and services are non-covered. Clemson Eye, PA will obtain your plan benefits and authorizations, and inform you of any non-covered services prior to your treatment. Examples of non-covered services include, but are not limited to, services, treatments or tests not specified as being covered in the patient's health care plan (or benefit summary). Any non-covered fees are payable at the time of service or prior to a treatment. Non-covered services are optional, so you may decline to receive them. However, when you opt to proceed with them, you accept full financial responsibility for any non-covered items or services. Examples of non-covered services include, but are not limited to:

Refraction: An essential part of a complete eye exam, this test determines the eye's prescription and need for corrective lenses. Most health care plans, including Medicare, DO NOT COVER refractions, but some vision plans do cover them. If a patient is experiencing blurred or decreased vision, refraction determines if this is due to a need for corrective lenses or a medical problem. For patients anticipating cataract surgery, a refraction is required to prove that vision cannot be corrected with glasses and eye surgery is medically necessary. Patients who have a refraction will receive a new prescription valid for one year. Federal law requires that we bill for refractions and if we are a contract provider with a health or vision plan that covers refractions, we will bill them for the coverage. Otherwise, **our fee for a refraction is payable on the date of service**. Patients who pay may request we bill their plan and may receive a refund if their insurance ultimately does cover the charge for this test.

Cataract Patient Care Kits: These kits have been custom designed by our surgeons to include an Eye Shield (for use at night while sleeping), Paper Tape (to tape the night shield on), Large Sunglasses, OcuSoft HypoChlor, and a Tote Bag. You can reuse these items for future eye surgery. Patients have the option to buy these items independently, but our cost for the kit is less.

Laser Cataract Surgery, Advanced Lens Implants, Refractive Procedures (i.e., Lasik): Any procedure with the objective of making you free of spectacles is generally considered optional and is not covered by Medicare or private health plans. For Lasik, however, there is usually a cost savings if we are a contracted provider with your health plan. For patients interested in laser cataract surgery and/or an advanced lens implant, the fees for these optional services will be discussed in detail during your surgical consultation.

Dry Eye Tests (TearLab): Dry Eye Syndrome is one of the most common eye conditions. TearLab and Inflammadry are objective, quantitative tests of one's tear osmolarity/quality for diagnosing and managing Dry Eye. When the quantity and quality of secreted tears is compromised, the eye is stressed and inflamed causing itching, burning, watering, redness and blurred vision. TearLab and Inflammadry data allows patients to understand their level of Dry Eye disease and measure results of treatment. Medicare covers this test, but very few private health plans do. If you do not have coverage, but would like to have a TearLab or Inflammadry test performed, we charge a small fee. Additionally, MGD (Meibomian gland dysfunction) is one of the most common diseases observed in clinics and is the leading cause of evaporative dry eye. When these glands are not healthy, it causes the tear film to rapidly evaporate, leaving the eye's surface exposed. This exposure can cause discomfort that increases over time and impacts quality of vision, which can result in irritating dry eye symptoms. LipiFlow® is a cutting edge thermal eyelid treatment for Evaporative Dry Eye, however it is not covered by health insurance.

Aesthetics: Cosmetic Botox, dermal fillers and rejuvenating skin lasers are non-covered services, payable at time of service.

Optical: Vision plan benefits may include some coverage for glasses and contact lenses with the option to purchase upgrades. Otherwise, all Optical items and services are payable at the time of order.

Medical History

What is your tobacco use history?

Smoker status: ☐ Current every day smoker ☐ Current some day smoker ☐ Smoker, current status unknown
☐ Never smoked ☐ Former smoker ☐ Unknown if ever smoked

Medications

Antibiotics

- ☐ amoxicillin
- ☐ azithromycin (Z-Pak)

Allergy/Asthma/COPD

- ☐ albuterol (Proventil, Ventolin)
- ☐ loratadine (Claritin)
- ☐ montelukast (Singulair)
- ☐ fluticasone/salmeterol (Advair)

Autoimmune

- ☐ adalimumab (Humira)
- ☐ infliximab (Remicade)
- ☐ etanercept (Enbrel)

Blood Pressure

- ☐ amlodipine (Norvasc)
- ☐ hydrochlorothiazide (HCTZ)
- ☐ Lisinopril (Zestril)
- ☐ metoprolol (Toprol)
- ☐ valsartan (Diovan)
- ☐ olmesartan (Benicar)
- ☐ telmisartan (Micardis)

☐ Other (Please Specify): _____

Blood Thinners

- ☐ aspirin
- ☐ dipyridamole (Aggrenox)
- ☐ clopidogrel (Plavix)
- ☐ dabigatran (Pradaxa)
- ☐ rivaroxaban (Xarelto)
- ☐ warfarin (Coumadin)

Cholesterol

- ☐ simvastatin (Zocor)
- ☐ rosuvastatin (Crestor)
- ☐ atorvastatin (Lipitor)

Depression/Bipolar/Alzheimer's

- ☐ aripiprazole (Abilify)
- ☐ duloxetine (Cymbalta)
- ☐ memantine (Namenda)

Diabetes

- ☐ metformin (Glucophage)
- ☐ sitagliptin (Januvia)
- ☐ insulin aspart (Novolog)
- ☐ insulin lispro (Novolog)

- ☐ insulin glargine (Lantus)
- ☐ insulin detemir (Levemir)
- ☐ linagliptin (Tradjenta)
- ☐ liraglutide (Victoza)
- ☐ saxagliptin (Onglyza)

Eye: REVIEWED W/ CLINICIAN

Gastrointestinal

- ☐ omeprazole (Prilosec)
- ☐ esomeprazole (Nexium)

HIV

- ☐ Atripla
- ☐ ritonavir (Norvir)
- ☐ Truvada

Pain

- ☐ hydrocodone (Norco)

Thyroid

- ☐ levothyroxine (Synthroid)

Allergies

- ☐ No Known Allergies
- ☐ Latex
- ☐ Other: _____
- ☐ Penicillin
- ☐ Non-steroidal (Aleve, ibuprofen)
- ☐ Tetracycline
- ☐ Sulfa

Patient Signature

Tech Signature



Please complete this form, front and back.

Patient Name: _____

Birth Date: _____ Today's Date: _____

Past Medical History

☐ None Apply

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Coronary artery disease | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Osteoporosis/Osteopenia |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sleep apnea |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Colon Cancer | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ovarian Cancer | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> Other Cancer _____ | <input type="checkbox"/> Irritable bowel syndrome | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Benign Prostatic Hypertrophy | <input type="checkbox"/> Depression | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> GERD | <input type="checkbox"/> Migraines | |

☐ Diabetes ☐ Oral ☐ Insulin ☐ Diet-controlled Year of Diagnosis: _____

Past Surgical History

☐ None Apply

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Angioplasty | <input type="checkbox"/> Joint replacement | <input type="checkbox"/> Cataract extraction | Glaucoma laser in: |
| <input type="checkbox"/> Angio w/stents | <input type="checkbox"/> Knee surgery | <input type="checkbox"/> Cornea transplant | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both |
| <input type="checkbox"/> Back surgery | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Shunt tube | Laser of retinal tear in: |
| <input type="checkbox"/> Gall Bladder surgery | <input type="checkbox"/> Thyroid surgery | <input type="checkbox"/> "Filter" Trabeculectomy | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both |
| <input type="checkbox"/> Heart bypass | | <input type="checkbox"/> LASIK | Retina surgery in: |
| | | | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both |

Family History: Please indicate if you mother, father, or sibling(s) have or had any of the following:

☐ Adopted, Family History Unknown

☐ No Relevant Family History

	Mother	Father	Sister(s)	Brother(s)
Cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Lazy Eye"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macular degeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on other side



Authorization for Use

Patient Name: _____ Date: _____

SSN: _____ DOB: _____

Release records from: _____

Email: _____

I authorize the custodian of records of: _____ or other person/entity
(specifically describe) to disclose/release all medical records to: _____

*Note: If these records contain any information from previous providers or information about HIV/AIDS status, cancer diagnosis, drug/alcohol abuse, or sexually transmitted disease, you are hereby authorizing disclosure of this information.

Please send the records to: Clemson Eye Clinic (circled) at the **fax** number below (**area code 864**):

Anderson	Clemson	Easley	Greenville	Simpsonville
622-5020	654-3275	855-6850	292-2020	963-3232

Disclosure of Protected Health Information

I understand that after the custodian of records discloses my health information, it may no longer be protected by federal privacy laws. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment; receive payment; or eligibility for benefits unless allowed by law. By signing below I represent and warrant that I have authority to sign this document and authorize the use or disclosure of protected health information and that there are no claims or orders pending or in effect that would prohibit, limit, or otherwise restrict my ability to authorize the use or disclosure of this protected health information.

Name: _____ Signature: _____ Date: _____

Patient / Guardian / Guarantor

Name: _____ Signature: _____ Date: _____

Witness

Anderson
2011 E Greenville St
Anderson, SC 29621
Office: 864-622-5000
Fax: 864-622-5020

Clemson
931 Tiger Blvd
Clemson, SC 29631
Office: 864-654-6706
Fax: 864-654-3275

Easley
15 Southern Center Ct
Easley, SC 29642
Office: 864-855-6800
Fax: 864-855-6850

Greenville
360 Pelham Rd
Greenville, SC 29615
Office: 864-268-1000
LASIK: 864-297-8777
Fax: 864-292-2020

Simpsonville
877 NE Main St
Simpsonville, SC 29681
Office: 864-967-8582



Your Information

Name: _____ DOB: _____

Pharmacy Name: _____ Pharmacy Address: _____

Visual Functioning

Do you have difficulty, even with glasses, with the following activities?

Reading small print, pill bottle labels, newspapers, books or the telephone book?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Recognizing people when they are close to you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Seeing steps, stairs or curbs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reading traffic signs, street signs or store signs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Doing fine handwork like sewing, knitting or carpentry?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Writing checks or filling out forms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Playing games such as bingo, dominos or card games?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Shaving or putting on your make up?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cooking?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Symptoms

Have you been bothered by:

Poor night vision, color vision or double vision?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hazy and/or blurry vision?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Seeing well in poor or dim light?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you currently drive a car?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Seeing rings or halos around light at night while driving?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Glare caused by headlights or bright sunlight?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you do a lot of night driving?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

On a scale of 1-5 (where 1 is none and 5 is a great deal), how much difficulty do you have driving:

1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	during the day because of your vision?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	during the night because of your vision?

Lifestyle Considerations?

Occupation: _____ Currently Working ☐ Retired ☐

List your favorite hobbies, sporting / recreational / outdoor activities: _____

Do you use a computer frequently?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Somewhat	<input type="checkbox"/>
Do you do a lot of close detail work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Somewhat	<input type="checkbox"/>
Have you ever tried monovision contact lenses?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Somewhat	<input type="checkbox"/>
If "yes", did/do you like it?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Do you wear progressive/no-line bifocals now?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Over your lifetime, have you generally been satisfied with your vision with prescription glasses?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

If "no", please explain: _____

Would you like to have, without glasses, good distance and near vision in good light, even if you might see some rings around lights at night? Yes ☐ No ☐ Maybe ☐

Have you had LASIK? Yes ☐ No ☐

Do you have any specific vision concerns? _____

Cataract surgery can be safely postponed until you feel you need better vision.

Do you feel your vision problem is bad enough that you wish to have cataract surgery? Yes ☐ No ☐

Name (print): _____ Date: _____

Patient / Guardian / Guarantor

Signature: _____



Patient Name or ID: _____ Date: _____

Have you ever been diagnosed with Dry Eye Disease or Ocular Surface Disease?

☐ Yes ☐ No When? _____

1. Do you have any of the following symptoms?

- | | |
|--|--|
| <input type="checkbox"/> Redness | <input type="checkbox"/> Scratchy feeling of sand or grit in the eye |
| <input type="checkbox"/> Burning | <input type="checkbox"/> Itching |
| <input type="checkbox"/> Light sensitivity | <input type="checkbox"/> Excess tearing / watering eyes |
| <input type="checkbox"/> Tired eyes, eye fatigue | <input type="checkbox"/> Stringy mucus in or around the eyes |
| <input type="checkbox"/> Foreign body sensation | <input type="checkbox"/> Contact lens discomfort |
| <input type="checkbox"/> Fluctuating vision | |

Report the FREQUENCY of symptoms you are experiencing by using the numbering system below:

1 = Sometimes 2 = Often 3 = Constant

SYMPTOMS	1	2	3
Dryness, Grittiness or Scratchiness			
Soreness or Irritation			
Burning or Watering			
Eye Fatigue			

2. Are your symptoms related to or made worse by any of the following factors?

- ☐ Windy conditions
- ☐ Places with low humidity (e.g., airplanes / hospitals)
- ☐ Areas that are air conditioned / heated
- ☐ More than 2 hours of computer / PDA use per day

3. Are you being treated for any of the following conditions?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Thyroid Condition |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Sjögren's Syndrome |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Dry Eye | <input type="checkbox"/> Blepharitis |

**** For Technician Use Only****

Attending Clinician Signature: _____ Date: _____

Technician: _____

Tear Osmolarity: OD: _____ OS: _____



Dr. Joe Parisi, chief ophthalmologist and medical director at Clemson Eye, performs laser eye surgery.

Cataracts and Astigmatism?

Upstate residents can have both corrected through a single 15-minute out-patient procedure

“In our Upstate clinics, we are definitely seeing an increase in the prevalence of cataracts in the local population,” says Dr. Joe Parisi, chief ophthalmologist and medical director at Clemson Eye. “But the increase in age-related eye diseases such as cataracts isn’t really a surprise given the aging population trend we’ve all heard so much about in recent years.”

The good news, says Dr. Parisi, is the options for treating cataracts have improved dramatically over these past few years, as well. Modern lens implants can provide clear vision at multiple distances and the recent introduction of the femtosecond laser to cataract surgery has added a much greater level of precision to the entire procedure. “I’d say these are game-changing improvements. They allow us to provide our patients with more predictably great visual outcomes,” says Dr. Parisi, adding, “Today, the use of advanced lens implants and the precision of the laser result in many cataract patients – regardless of their age – achieving 20/20 or close to 20/20 vision without glasses.”

Defining Cataracts

Cataracts are a clouding of your eye’s natural lens. They slowly develop over time, when proteins in the lens start to clump together, blocking light and causing blurry, dull vision. About 24 million Americans have them, and they typically start to develop by age 60. But they can start earlier, as one in six people over age 40 has a cataract.

Surgery is the only known treatment for cataracts, and two things happen during the surgery. Your clouded lens is removed and an intraocular lens is implanted. The lens requires no care and simply becomes a permanent part of your eye. You don’t see or feel the new lens.

Traditionally, cataract surgery was done manually using a blade, and there was only one “monofocal” lens implant option. The surgery can still be and often is performed this way, but some ophthalmology practices, like Clemson Eye, have invested in the very best technology and trained in the most advanced procedures so they can offer their patients the best possible visual results.

With traditional surgical methods, when a basic monofocal lens is implanted, it clears the vision at a single focal point, but it cannot correct astigmatism. This means corrective eye wear is still needed to reduce the blurring and distortion caused by an astigmatism.

Astigmatism Defined

Astigmatism is a defect in the surface of the cornea. The cornea is curved more like a football than a basketball, and this steeper curvature leads to blurry vision. Astigmatism is common and often present from birth. If a cataract patient wants to treat their astigmatism, too, their surgical options would include laser vision correction, astigmatic keratotomy or limbal relaxing incisions. But these would all be separate surgeries from their cataract surgery.

Now, however, if you require surgery to remove your cataract and you have astigmatism, you can have it corrected during your cataract surgery. Once they remove your clouded lens, your eye surgeon can also make limbal relaxing incisions with the laser and implant an advanced astigma-correcting Toric® lens. It is a 15-minute outpatient procedure, and most patients return to their normal activities shortly after surgery.

The Toric® lens corrects for both distance and astigmatism. There are other advanced lens options available to cataract patients today, as well, such as ReSTOR® and Chrysalens.

These types of lens implants allow you to see from close up to far away. They are revolutionary for patients who have worn glasses all their lives and, post-cataract surgery, no longer need them or are much less dependent on them.

The Toric lens implant, however, is the astigmatism correcting lens, which is pretty revolutionary in itself.

With it, patients can see in the distance without relying on glasses. They can again drive at night and enjoy all the other activities they love without the hassle of or dependence on corrective eyewear.

“Our patient Dr. Herman Senter’s experience is indicative of the advantages of the advanced Toric lens implant,” says Dr. Parisi. “His cataracts and astigmatism were interfering with his lifestyle – he is a very serious outdoorsman. It is very gratifying to hear stories like his about what a substantial difference laser cataract surgery with an advanced lens implant have made for him.” See the sidebar.

Telltale Signs of Cataracts

Because cataracts generally do not cause pain, redness or tears, people often don’t even realize they are developing them. Here are the signs to be aware of:

- Blurred vision, double vision, ghost images, or you sense a “film” over your eyes.
- Lights seem too dim to see close-up, or night driving is difficult.
- New prescriptions for eyeglasses don’t improve your vision.

If you’re having difficulty going about daily activities, such as reading or driving your car, because of blurred vision then you may have a cataract. Left untreated, cataracts will lead to blindness. If you think you may have one, call Clemson Eye today to book your eye exam. The cost of basic cataract surgery is covered by the majority of insurance plans, Medicare and Medicaid. Laser

cataract surgery and some of the modern lens implants can cost more.

Dr. Parisi and his medical partners at Clemson Eye have served patients in the Upstate for more than 40 years through their full-service clinics in Greenville, Anderson, Easley, Clemson, and a LASIK center, Spectrum Lasik, in Greenville. The eye doctors at Clemson Eye include Drs. Leroy Howard, Buddy Thompson, Brian Johnson, Donald Glaser, and Joseph Parisi. Together, they have more than 100 years of ophthalmic experience and have performed more than 50,000 cataract, microsurgical and LASIK procedures. They are a highly experienced team.

A Toric Adventure

By Dr. Herman Senter

The Grand Enchantment Trail (GET) is a 730-mile wilderness route between Phoenix and Albuquerque that passes through deserts, follows deep canyons and crosses Sky Island mountain ranges.

It is not a marked trail such as the Appalachian Trail. Rather the GET combines existing trails, primitive roads and cross-country travel.



Following the route requires navigational skills and a sharp eye for often obscure indicators of the way ahead. The rewards include spectacular scenery, abundant wildlife, pristine campsites, remoteness and solitude.

I hiked the GET almost a year after experiencing the miracle of restored and enhanced eyesight, thanks to my Toric lens implants and Dr. Parisi of Clemson Eye.

I doubt I would have finished the GET in the 50 days it took, or at all, otherwise. Spotting infrequent

signs of the trail – a sawn log from confederate days, a cairn in a canyon of rocks, a blazed tree in a forest – required keen eyesight, as did reading miles of vague foot tread through burned forests or seeing the subtle dip of a mountain-side path buried in snow.

And I could see and observe the abundant wildlife, without stepping on it (had two close calls with rattlesnakes!). The dramatic scenery, from spectacular mountaintop vistas to the desert varnish of deep canyon walls, was appreciated in all its glory.

I am certain that my enjoyment of the GET would have been greatly diminished without the benefits of my cataract surgery and Toric lens implant. Just as I know that the fun of white water boating has increased with the Toric lens. For years I boated with 20/80 vision, peering through glasses that were at best water-spotted in the summer or totally fogged in the winter.

Thanks to my new, improved vision, I can now see rapids downriver (20/20) before I paddle into them, and I can read the micro-currents important to staying on line without the nuisance of glasses. Boating is even more fun and I’m paddling better because I can see where I am and where I need to go.

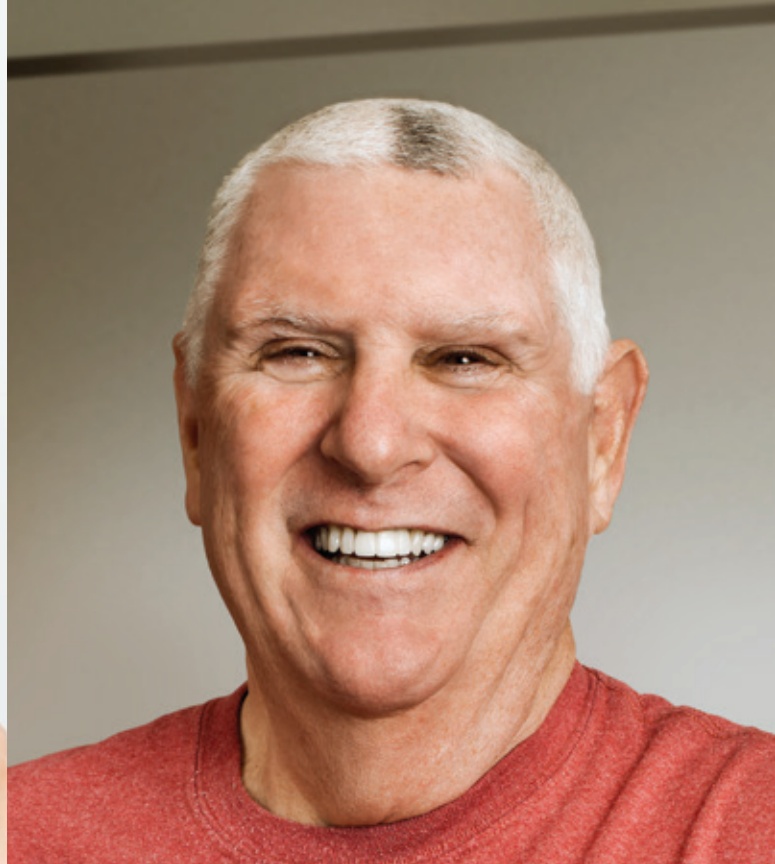
Hey, did I mention that I can again drive at night? And wow, are women ever pretty!

Dr. Senter is a retired Associate Professor of Mathematical Sciences at Clemson University.



GLOW

Bring out your inner beauty and confidence with aesthetic options from Clemson Eye. We offer advanced, non-surgical treatments to preserve youthfulness and reverse the signs of aging.



MARVEL

Don't let time slow you down. See and do more of what you love with advanced laser cataract surgery. We can achieve astounding results by removing a cataract and correcting your vision in the same procedure.



PLAY

Be even better than you thought possible without the need for contacts or glasses. Quick and affordable, laser vision correction will take your game to whole new level.



BE MORE

Experience the latest and most advanced care from Clemson Eye.

Medical and Surgical Services

Cataract patients, regardless of their age, may return to seeing 20/20 again with laser cataract surgery.

- Advanced laser with advanced astigmatism-correcting and full-focus lenses.
- Removal of the cataract *and* vision correction during the same procedure.

Many minor procedures can be performed right in our clinics for your convenience.

- Eyelid, tear duct and pediatric surgery.
- Laser glaucoma treatment.
- iStent for glaucoma with cataract surgery.
- Intravitreal injections to treat diabetic retinopathy and macular degeneration.

Clemson Eye uses the most advanced lasers for highly precise vision correction. They are quick and affordable options for your vision correction.

- LASIK for people with nearsightedness, farsightedness, and astigmatism.
- Advanced lens implants for a full range of focus and astigmatism correction.
- The Kamra® inlay to correct presbyopia (reading vision loss) in those age 40 plus.
- Implantable contact lenses for those who suffer from moderate to severe nearsightedness, dry eye or have thin corneas.
- Clemson Eye has performed over 60,000 procedures and is a leader in the Upstate.



Dr. Parisi performing a LASIK procedure.

General Eye Care

Regular eye exams are important at any age to preserve optimal visual health.

- Vision plan and medical eye exams.
- Age-related macular degeneration treatment.
- Diabetic eye disease treatment.
- Dry eye and allergy treatments including Lipiflow.
- Glaucoma and ocular hypertension treatment.
- Pediatric eye exams and treatments.
- Optical shops at all our locations.
- High quality, affordable eyewear and contact lenses.

Insurance Coverage

We are happy to verify your benefits when you book your appointment. Clemson Eye is a contracted provider for multiple health care plans including Medicare, Medicaid, BCBS, VSP, EyeMed, United Health Care and Aetna.

If you are covered, you will only be responsible for any difference, including co-pays, co-insurance, deductibles and uninsured services. We accept cash, check and major credit cards. Note that 0% payment plans are available for higher balances.

Aesthetic Services

Our aesthetics specialists are trained in the most advanced products and treatments to help preserve youthfulness and reverse the signs of aging.

- Injectable treatments such as Botox®, Sculptra® and Juvéderm®.
- Lash growth with Latisse® and extensions.
- Sciton and Halo® laser skin rejuvenation and resurfacing.
- Skin care including facials, Obagi® and Skinmedica®.

Your Medical Professionals



Joseph Parisi, MD, FRCSC, FACS, is chief ophthalmologist and medical director at Clemson Eye. He has performed over 20,000 cataract, laser and microsurgical procedures.



Brian Johnson, MD, specializes in cataract surgery, retinal disease, macular degeneration treatments, glaucoma laser surgery and comprehensive medical eye care.



Donald Glaser, MD, specializes in the treatment of cataracts, glaucoma, retina, macular degeneration, cornea and diabetic eye disease.



A.J. Buddy Thompson, Jr., MD, has practiced ophthalmology for over 30 years. He focuses on medical eye exams and treating eye diseases.



Nancy Mahlie, OD, focuses in helping patients with glasses and contact lenses who have challenging vision problems.



Eric Brown, OD, has participated in over 15,000 laser eye and refractive procedures and assists with surgical and wellness patients.



Kara Jo Dodgens, OD, focuses on pediatric eye care, primary eye care, and specialized eye wear.



Justin Surratt, OD, sees patients in primary eye care, focuses on dry eye, and assists our MDs with surgical patients.



Janice Sasser, FNP BC and Aesthetics Specialist, is a registered family nurse practitioner focusing on medical aesthetics since 2005.



Tammie Masters, RN and Aesthetics Specialist, has more than 17 years' experience nursing, focusing on medical aesthetics since 2010.

Our Locations

Anderson
2011 East Greenville St, Anderson, SC 29621
Phone: (864) 622-5000 Fax: (864) 622-5020

Clemson
931 Tiger Blvd, Clemson, SC 29631
Phone: (864) 654-6706 Fax: (864) 654-3275

Easley
15 Southern Center Court, Easley, SC 29642
Phone: (864) 855-6800 Fax: (864) 855-6850

Greenville
360 Pelham Road, Greenville, SC 29615
Phone: (864) 268-1000 LASIK: (864) 297-8777
Fax: (864) 292-2020

Piedmont Surgery Center
5 Memorial Medical Court, Greenville, SC 29605
Phone: (864) 272-3409 Fax: (864) 272-3460

Email (all clinics): scheduling@clemsoneye.com



Quick Reminders Before Your Cataract Evaluation

1. We suggest you bring a family member, or someone who can stay with you through the evaluation.
2. Your appointment may last 2-3 hours.
3. Remove soft contact lenses for two weeks and hard contact lenses one month prior to your evaluation.
4. Begin using artificial tears as soon as possible (one drop four times per day).
5. Do not wear eye makeup on the day of your evaluation.
6. Complete and bring your New Patient paperwork to the evaluation. This will save you time at check in!
 - a) Medical History
 - b) Financial Policy and Non-Covered Services
 - c) Patient Information and Privacy Practices
 - d) Lifestyle Questionnaire
7. Bring a copy of your most recent medical insurance cards.
8. Bring a list of your current medications.