



ABDEL ELBASH, MD
Comprehensive Ophthalmology

CATARACT SURGERY MEDICAL NECESSITY FORM

Patient Name: _____

EYE: Right Left

Eye Exam Date: _____

Operating Physician: Abdel Elbash, MD

Even with glasses, I have difficulty with the following activities:

- 1. Reading small print, such as labels on medicine bottles, telephone books or food labels Yes No
- 2. Reading a newspaper or book Yes No
- 3. Reading large-print books, or large print newspapers, or large numbers on a telephone Yes No
- 4. Recognizing people when they are close to you Yes No
- 5. Seeing steps, stair, or curbs Yes No
- 6. Reading traffic signs, streets signs, or store signs Yes No
- 7. Doing fine handwork like sewing, knitting or crocheting Yes No
- 8. Writing checks or filling out forms Yes No
- 9. Playing games such as bingo, dominoes or card games Yes No
- 10. Watching television Yes No

I have been bothered by:

- 1. Poor night vision Yes No
- 2. Seeing rings or halos around lights Yes No
- 3. Glare caused by headlights or bright sunlight Yes No
- 4. Hazy and/or blurry vision Yes No
- 5. Double vision Yes No

BEST CORRECTED VISUAL ACUITY: _____

GLARE TESTING VISUAL ACUITY: _____

Risks, benefits and alternatives were discussed at length. All questions were answered. The patient would like to proceed with cataract extraction with intraocular lens placement.

Patient Signature: _____