



Co-Management Partner Information

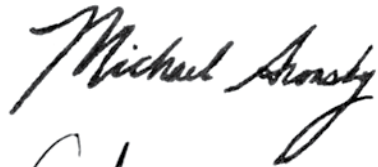
JULY 2019

Dear Affiliate,

One of the reasons our patients have consistently great results is due to the high quality of care given by our co-managing doctor network. For over 35 years, we've worked to establish and grow the co-management model in the Delaware Valley and we place great value on the relationships we have built with affiliates like you.

It is our promise to continue to support you and improve our patient experience. Thank you for your dedication.

Sincerely,



Michael Aronsky, M.D.



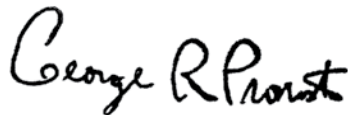
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Kremer Contact Sheet

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Please visit our Co-care portal for additional affiliate resources and patient forms.

www.KremerEyeCenter.com/CoCare-Portal

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Talking Points

LASIK Talking Points

- Make LASIK a part of your everyday conversation with patients.
- Let your patients know that they can have a consultation to determine candidacy for LASIK with no obligation.
- When discussing the price range, it is important to convey that the results are well worth the cost.
- Be specific as to what your patient can expect (pre/post op visits, contact lens removal, methods of payment, post-operative do's and don'ts, etc.).
- Be honest & know the limits of your expertise. It is absolutely appropriate to say to a patient, "That's a great question for you to ask your surgeon."
- It is imperative that every person on the staff gives the same answers to questions (i.e. "Does LASIK correct astigmatism?").
- Have a protocol in place to follow up with patients who have not scheduled a procedure.

Visian ICL/Visian Toric ICL

The Visian ICL originated as a solution for people with a high Rx (nearsightedness) and for those who lack sufficient corneal thickness to have LASIK, however, its precision and consistently good results have made it an excellent alternative to LASIK for almost everyone. The Visian ICL is a synthetic lens implanted into the eye, just behind the pupil, which focuses light on the retina to correct a patient's vision. It does not replace the natural lens. Kremer surgeons have over 10 years of extensive experience with this type of procedure, having implanted a similar lens under an FDA protocol with great success. Kremer is one of six national surgeon-training sites for the Visian ICL, remaining at the forefront of this leading-edge technology.

Price: \$4,150/eye

Cataract Surgery

- Highly-skilled, board-certified surgeons, with over 35 years of experience.
- Advanced lens options, to reduce the need for reading glasses.
- Intraocular lenses called toric lenses are now available to correct astigmatism.

Premium IOLs: Toric, ReSTOR, Symfony, and Tecnis

The toric lens is a specialized monofocal IOL that corrects corneal astigmatism. Multifocal (ReSTOR, Symfony, and Tecnis lenses) hold great promise for patients wearing reading glasses or bifocals because they allow patients to see well at more than one distance. Medicare recognizes the important results these lenses provide. Medicare covers the cost of a cataract procedure and allows the patient to pay for the additional cost of a premium lens.

IOL Pricing:

Insurance does not provide coverage for Cataract Patients.

Toric IOL: \$1,500/eye*

Multifocal/Accommodating IOL: \$3,450/eye*

Refractive (non-cataract) Pricing:

(Not covered by insurance)

Standard IOL: \$4,500/eye*

Toric IOL: \$4,500/eye*

Multifocal/Accommodating IOL: \$4,500/eye*

**Price includes LASIK enhancement post-op if necessary.*

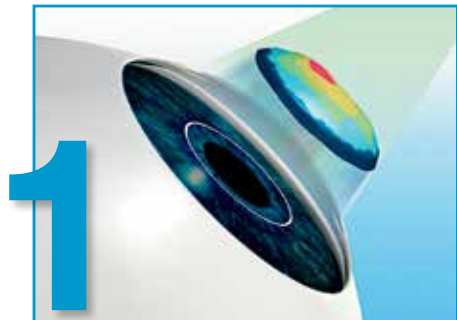
Intense Pulsed Light (IPL):

\$300 Per Treatment

Corneal Cross-linking:

\$4,000/eye (if not covered by insurance)

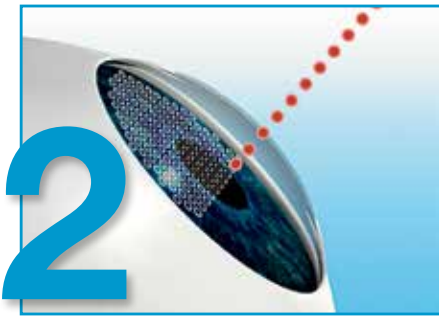
HOW ADVANCED iLASIK WORKS



Step 1

Creating Your Eye Map

The first step is to take custom measurements using WaveFront guided diagnostics. The **iDESIGN**'s three-second scan produces a 3D image, an accurate "blueprint" of your eye, detailing the entire visual pathway and how it processes light. The **iDESIGN** measures and captures imperfections not detected in conventional technology. This greatly reduces the chance of glare or halos and offers patients a chance to see 20/20 or better. FDA studies show WaveFront guided custom LASIK may produce better vision than is possible with contact lenses or glasses.



Step 2

Preparing Your Eye

Using The **iFS Advanced Bladeless Laser**, Kremer Surgeons create a micro-thin LASIK flap in seconds. The **iFS** results in the strongest, most secure LASIK flap possible, which is personalized for every patient to an exact diameter, depth, hinge location and shape. Flap creation using our **iFS Advanced Bladeless Laser** technology is clinically proven to make LASIK faster, safer, and more precise than any other laser technology available.



Step 3

Delivering Your Personalized Treatment

A second, ultra-precise, cool-beam laser is used to apply the Advanced **CustomVue** Treatment, guided by the digital information from your **iDESIGN** WaveScan, to reshape the cornea to the desired curvature.

The **Star S4 IR Laser** has **Activetrak** Technology and iris registration to ensure accurate placement of your Advanced **CustomVue** treatment.

After your custom treatment, your surgeon will reposition the LASIK flap, and your iLASIK procedure is complete. Most people sit up and immediately notice dramatically better vision.

Advanced CustomVue PRK

In **Advanced CustomVuePRK**, Steps 1 & 3 above are the same. In Step 2, the surgeon gently removes the top layer of the cornea prior to delivering your personalized treatment. While recovery time differs from iLASIK, results are comparable.

WaveFront Guided vs. WaveFront Optimized

We believe it's important to note our commitment to technology and delivering the best possible results. Our surgeons choose the WaveFront-guided custom measurement system over "WaveFront-optimized," a method of vision correction that is not uniquely customized nor specific to each individual.



We're always here if you need us.
1-800-694-EYES (3937)
www.KremerEyeCenter.com

Co-Managing Refractive Pre-Op

PRE-OPERATIVE EVALUATION FOR REFRACTIVE SURGERY

Discuss with your patients the procedure and/or alternatives and whether they appear to be a tentative candidate for said procedure. Explain to patients your role as the pre- and post-op care provider. Refer patient to Kremer Eye Center for refractive consultation.

If patient appears to be a tentative candidate, perform a comprehensive pre-op exam which should ALWAYS include:

- Manifest and cycloplegic refraction
- Slit lamp exam
- Tonometry
- Dilated fundus exam

Treat or refer any underlying pathology that would make patient ineligible for refractive surgery, e.g. GPC, blepharitis, keratitis, retinal holes, glaucoma, etc. Please send or fax completed pre-operative assessment form to us.

Refractive Procedures Parameter Guidelines

LASIK

iDesign System Wavefront-Guided LASIK.

Myopia: Up to -11.0 iDSE with or without astigmatism up to -5.0 DC.

Hyperopia: Up to +4.0 D iDSE with or without astigmatism up to +2.0 DC

Mixed Astigmatism: From 1.0 to 5.0 D cylinder > sphere, and of opposite signs

KERATOMETRY

Myopia: Avg K – 80% of intended sph eq correction > 36.00

Hyperopia: Avg K + intended sph eq correction < 49.00

PACHYMETRY

D x 16 + 400 > Pachymetry reading for myopic LASIK

INTRALASE

No large corneal scars (including previous RK)

VISIAN PHAKIC LENSES

- Ref > -9.00 (almost any astig – will combine with Intralase LASIK or PRK to correct residual refraction). Also any patient not a candidate for LASIK with sph eq -3.0 to -20.0
- AC depth > 2.80 mm
- Endothelial cell count > 2000 cells/mm²

VISIAN TORIC LENSES

- Correction of myopia - sph eq of -3.0 to -15.0 with cyl of 1.0-4.0 D
- Reduction of myopia - sph eq of -15.0 to -20.0 with cyl of 1.0-4.0 D
- AC depth < 3.00 mm

CONTACT LENS DC INSTRUCTIONS PRE-OP

- Soft contacts need to be out 2 weeks before LASIK/PRK.
- RGP contacts need to be out at least 1 month per decade of wear (with a re-measurement at that time) for everything we do.

Co-Managing Refractive Post-Op

POST-OP INTERVALS FOR LASIK

The post-op care starts from the date of surgery. Each time you see the patient, please send or fax to us the co-management follow-up form.

Day 1: Confirm flap is properly aligned, that there is no infection or inflammation, check uncorrected visual acuity and reassure the patient. Objective measurements of refraction and keratometry are recommended. It is not uncommon to have slight over-correction during the healing process. Assess cornea flap position and clarity. Check for dislodged flap or striae (which is often easier to see using retro-illumination). Patients with these findings should be referred back to Kremer immediately. Check for diffuse lamellar keratitis. This may be difficult to see on day one. Subconjunctival hemorrhages are common finding and patients should be reassured. Review medications. While many centers use slightly different protocols a typical post-operative gtt schedule for LASIK includes topical antibiotic QID x 6 days after surgery, steroid QH every waking hr DOS, Q1H day 2 and QID days 3-7. Preservative free artificial tears are to be used frequently.

Week 1 and Month 1: Confirm flap is properly aligned, check uncorrected visual acuity, perform objective measurements of refraction and keratometry. (Be careful with performing subjective refractions on these visits and do not over-minus.)

Month 3: Perform above with a subjective refraction. This data is then used to create our nomograms for our lasers. If the patient is not within 1 diopter of desired correction, and if the patient is not happy, refer the patient back to Kremer for enhancement evaluation. Enhancements procedures will be scheduled no sooner than 6 months after the initial surgery and only if the prescription has stabilized.

Month 6: Perform the above and add tonometry to the exam. Tonometry is not required prior to this point unless otherwise indicated, e.g. steroid responder, ocular hypertension, etc.

Yearly: Perform full comprehensive exam with refraction and dilated fundus exam. Send or fax form back to us.

POST-OP INTERVALS FOR PRK

Close monitoring and care is required for the first three to five days or until the epithelium is 100% sealed, filled in, no abrasion exists and once the bandage contact lens (BCL) has been removed. Many patients follow up with Kremer Eye Center until the BCL is removed.

Days 1-5+: The BCL is assessed. Do not stain or remove the BCL to assess the eye. Draw healing pattern of the epithelium. Assess the eye(s) daily to rule out infection, corneal infiltrates, tight contact lens syndrome, etc. Visual acuity is measured. During the healing process vision fluctuation is very common so reassure patients accordingly. Vision will clear considerably once the BCL has removed, typical visual resolution is around weeks 4-8. Review medications. While many centers use slightly different protocols a typical gtt regimen for PRK includes QID usage of antibiotic until the epithelium is healed and the BCL is removed then antibiotic is discontinued. Steroid is typically dosed QID x 1 wk, TID x 1 wk, BID x 1 wk, and QD x 1 wk. Topical NSAID is used only PRN for the first few days as this can delay wound healing. Oral NSAIDs and/or analgesics can be prescribed to help relieve pain. Oral vitamin C 1000-2000 mg daily and UV protection is helpful. Preservative free artificial tears are to be used frequently.

Week 1 (after BCL removal) and month 1: Cornea is assessed for edema, infiltrates, abrasion, infection, edema, etc. Check uncorrected visual acuity. Temporary glasses or disposable contacts may be prescribed although very uncommon. The prescription will often times be disproportionately high relative to uncorrected vision for example an entering acuity of 20/50 may have a -3.00D refraction. Check intraocular pressure to confirm patient is not a steroid responder.

Month 3 and 6: Perform above. If the patient is not within 1 diopter of desired correction, refer the patient back to Kremer for enhancement evaluation post 6-9 months.

Yearly: Perform full comprehensive exam with refraction and dilated fundus exam.



Visian Implant Protocol

1. Dilated evaluation (approx. 2 hours).
2. LPI procedures, both eyes same day, need a ride.

Approx. 1 week later:

3. Both implants same day, need a ride.
4. Post Op Checks:
 - 1 Day
 - 1 Week
 - 1, 3, 6 and 12 Months
5. LASIK touch-up included if necessary.
To be determined by surgeon.

Reminder: You will start using drops 4 days prior to the Visian implant. The exact date is noted on your pre-op drop instruction pages.

Day 1: Examination includes:

Uncorrected visual acuity: it will vary depending upon the corneal edema, residual refraction, and refractive goal (ie: emmetropia, monovision).

On slit lamp examination:

- Cornea: assess and grade the edema
- Wound status: is it intact (negative seidel?)
- Anterior chamber: is it deep or shallow, assess the degree of inflammation, is there pigment, or RBCs/hyphema?
- Iris/pupil: round vs distorted. Some patients may still be partially dilated
- Assess the Visian vault : compare the width of the corneal optic section to the space between the human lens and the Visian. If the space is equal to the optic section then the vault is 100%. It is optimal to have 25% or greater vault.
- Check the two PI's to see if they are patent

Applanation tonometry is crucial: if the IOP is elevated, management may include IOP-lowering medications. Medications that have a quicker onset

of action include Cosopt, Combigan, Alphagan, Azopt, and Trusopt. Prostaglandin analogues have a slower onset of action. If you cannot control the IOP, consider contacting the surgeon.

Re-educate the patient on their post-op instructions: no eye rubbing, heavy lifting, make-up or swimming. They should wear their shields at night for one week. Post-operative medication schedule includes topical antibiotic QID x 1-2 weeks, and steroid QID x 2 weeks, then BID x 2 weeks. Some patients may be on a NSAID, which would follow a similar schedule to the steroid. Re-assure the patient that their visual acuity should gradually improve over time.

Week 1: Examination includes Day 1 components with:

- Manifest refraction
- Dilation if BCVA cannot be explained by the anterior segment or prior retinal disease.
- Check IOP at all visits.

The Visian Toric ICL treats myopia and astigmatism in one lens. Diamond shaped markings outside the lens optic show alignment position, which is noted in the postoperative report for each case. Dilation may be necessary to view these markings and determine Toric lens alignment.

Month 1, 3, 6, 12 Examination includes Day 1 components

- The patient should be finished with their post-operative medications.
- Dilate at the one year mark.
- Check IOP at all visits.

Pricing per eye: \$4,150

Cataract Surgery Co-Management

Prior to the patient's visit at Kremer Eye Center, please send a referral to the office. Discuss with the patient what a cataract is and your role as the post-operative care provider. Patients must be out of hard contacts for 4 weeks and soft contacts for 1 day. It's important the patient understands the goals of cataract surgery and realistic expectations are set.

Post-op care starts from the date of surgery. Each time you see the patient, please send or fax us the co-management follow-up form.

DAY 1: Examination includes:

Uncorrected visual acuity: It will vary depending upon the corneal edema, uncorrected astigmatism, and refractive goal (ie: emmetropia, monovision). Near visual acuity should be obtained for multifocal IOL patients and patients aiming for near vision.

On slip lamp examination:

Cornea: Assess and grade the edema.

Wound status: Is it intact (negative seidel?)

Anterior chamber: Is it deep or shallow? Assess the degree of inflammation. Is there residual lens material, pigment, or RBCs/hyphema?

Iris/pupil: Round vs. distorted. Some patients may still be partially dilated.

IOL: Is it centered? Is the posterior capsule intact?

Applanation tonometry: if the IOP is elevated, management may include IOP-lowering medications. Medications that have a quicker onset of action include Cosopt, Combigan, Alphagan, Azopt, and Trusopt. Prostaglandin analogues have a slower onset of action. If you cannot control the IOP, contact the surgeon.

Re-educate the patient on their post-op instructions: no eye rubbing, heavy lifting, make-up or swimming; wear their clear shield at night and sunglasses outside. Post-operative medication schedule includes topical antibiotic QID x 1-2 weeks, and steroid QID x 2 weeks, then BID x 2 weeks. Some patients may be on a NSAID, which would follow a similar schedule to the steroid. Re-assure the patient that their visual acuity should gradually improve over time.

WEEK 1: Examination includes Day 1 components with:

- Manifest refraction
- Dilation if BCVA cannot be explained by the anterior segment or prior retinal disease:
 - evaluate the axis of toric IOLs

If visual outcome is not as expected, such as the patient has a history of refractive surgery or a toric IOL, refer the patient back to the surgeon.

MONTH 1: At this visit, a spectacle prescription may be released. The patient should be finished with their post-operative medications.

MONTH 3: Final post-operative visit for the global period. Dilate and check for cystoid macular edema.

1 YEAR AND BEYOND: Posterior capsule opacification (PCO) may develop. If the patient is symptomatic (decrease BCVA, glare at night, etc), refer to the surgeon for a YAG laser capsulotomy evaluation.

Considerations:

- Patients on Ketorolac may experience burning upon instillation and develop a keratitis. Consider discontinuing the medication and adding artificial tears.
- If the IOP is elevated after 1-2 weeks of surgery, consider if the patient is a steroid responder.
- We have started performing intra-operative injections of antibiotics and steroids. These patients will not be on any post-operative medications. If these patients have excessive inflammation post-operatively, consider adding a steroid drop.
- If the patient had refractive surgery prior to cataract surgery and they are unhappy with their distance VA and have greater than 0.75 D spherical equivalent, then send to Kremer for their 1 month post-operative examination.
- If the patient has a retained lens fragment, evaluate if it is cortical or nuclear. If cortical, monitor and manage the patient's level of inflammation and IOP. If nuclear, or inflammation is not resolving, then contact Kremer.

Feel free to call Kremer regarding any questions you may have during the post-operative period.

Post-Operative Eye Drop Regimens

DRS. ARONSKY, PRONESTI, & ZACCHEI

IntraLase/LASIK – Generic

DAY OF SURGERY (After Surgery)	DAY AFTER SURGERY	NEXT 5 DAYS
Prednisolone	Prednisolone	Prednisolone
Every hour you are awake after the 6 hours of rest	Every hour while awake	Four times per day
	Ciprofloxacin	Ciprofloxacin
	Four times per day	Four times per day
	Preservative-Free Artificial Tears	
	Four times per day for 1 month	

PRK/PTK

DAY OF SURGERY (After Surgery)	DAY AFTER SURGERY	AFTER BANDAGE CL REMOVAL
Ciprofloxacin	Ciprofloxacin	
5pm and 10pm	4 times per day until the bandage CL is removed	
Prednisolone	Prednisolone	Prednisolone
5pm and 10pm	4 times per day	Continue using for 4 weeks: Wk 1 four times per day, Wk 2 three times per day, Wk 3 two times per day, Wk 4 one time per day
Ketorolac	Ketorolac	
5pm and 10pm	4 times per day until the bandage CL is removed	
	Preservative-Free Artificial Tears	Genteal Gel
	Four times per day for 1 month	1/2 inch at bedtime for four weeks

DR. HOFFMAN

IntraLase/LASIK

DAY OF SURGERY (After Surgery)	DAY AFTER SURGERY	NEXT 5 DAYS
Prednisolone	Prednisolone	Prednisolone
Every hour you are awake after the 6 hours of rest	Every 2 hours while awake	Four times per day
	Zymaxid/Generic	Zymaxid/Generic
	Four times per day	Four times per day
	Preservative-Free Artificial Tears	
	Every 2 hours for 1 month	

PRK/PTK

DAY OF SURGERY (After Surgery)	DAY AFTER SURGERY	AFTER BANDAGE CL REMOVAL
Zymaxid/Generic	Zymaxid/Generic	
5pm and 10pm	4 times per day until the bandage CL is removed	
Prednisolone	Prednisolone	Prednisolone
5pm and 10pm	4 times per day	Continue using for 4 weeks: Wk 1 four times per day, Wk 2 three times per day, Wk 3 two times per day, Wk 4 one time per day
	Preservative-Free Artificial Tears	Genteal Gel
	Four times per day for 1 month	1/2 inch at bedtime for four weeks

Post-Operative Eye Drop Regimens

DRS. ARONSKY, CHATTERJEE, PRONESTI, & ZACCHEI

Cataract – Combo Drop (3 medications in 1 drop)

2 Days Before Surgery	Day of Surgery (After Procedure)	Week 1	Week 2	Week 3	Week 4
Prednisolone, Gatifloxacin, Nepafanac	Prednisolone, Gatifloxacin, Nepafanac	Prednisolone, Gatifloxacin, Nepafanac	Prednisolone, Gatifloxacin, Nepafanac	Prednisolone, Gatifloxacin, Nepafanac	Prednisolone, Gatifloxacin, Nepafanac
4 times a day	2 times after surgery	4 times a day	3 times a day	2 times a day	Once a day

Cataract/Refractive Lens Exchange/Visian w/NSAID – Generic

For 4 Days (Before Surgery)	Day of Surgery (After Procedure)	Week 1	Week 2	Week 3	Week 4
Ciprofloxacin	Ciprofloxacin Prednisolone Ketorolac*	Ciprofloxacin Prednisolone Ketorolac*	Prednisolone Ketorolac*	Prednisolone Ketorolac*	Prednisolone Ketorolac*
4 times a day	Every 4 hours while awake	4 times a day	4 times a day	2 times a day	2 times a day

DRS. ARONSKY, PRONESTI, & ZACCHEI

SLT/LPI

DAY OF SURGERY (After Surgery)
Prednisolone
Four times per day for four days

*Only high risk patients get an NSAID.

Post-Operative Eye Drop Regimens

DRS. CHATTERJEE, COHN, RICHMAN, & SOIN

Cataract – Combo Drop (3 medications in 1 drop)

2 Days Before Surgery	Day of Surgery (After Procedure)	Week 1	Week 2	Week 3	Week 4
Prednisolone, Gatifloxacin, Bromfenac	Prednisolone, Gatifloxacin, Bromfenac	Prednisolone, Gatifloxacin, Bromfenac	Prednisolone, Gatifloxacin, Bromfenac	Prednisolone, Gatifloxacin, Bromfenac	Prednisolone, Gatifloxacin, Bromfenac
4 times a day	2 times after surgery	4 times a day	3 times a day	2 times a day	Once a day

Cataract – Generic

For 4 Days (Before Surgery)	Day of Surgery (After Procedure)	Week 1	Week 2	Week 3	Week 4
Vigamox Ketorolac	Vigamox Prednisolone Ketorolac	Vigamox Prednisolone Ketorolac	Vigamox Prednisolone Ketorolac	Prednisolone Ketorolac	Prednisolone Ketorolac
4 times a day	Every 4 hours while awake	4 times a day	4 times a day	2 times a day	2 times a day

LPI

DAY OF SURGERY (After Surgery)
Prednisolone
Four times per day for four days

DRS. CHATTERJEE & RICHMAN

SLT

DAY OF SURGERY (After Surgery)
If pain, use pred qid for 4 days. If no pain, no meds.

Have Billing Questions about Cataract & YAG Procedures?

Look no further...

Cataract and YAG laser surgeries are classified as major surgeries and have a 90-day p/o period. You can bill for this post op range as soon as you see the patient for the first time.

The following insurances are billed with the modifier 55 directly by your office:

- Medicare
- Aetna
- Blue Shield of New Jersey (New Jersey office only)
- Cigna Healthspring (Superior Vision)
- Independence Blue Cross (Keystone*, Personal Choice, and Amerihealth)

For Aetna and Keystone* you should get a referral under your provider number for the billing of the post-op care. This referral should be dated no later than the surgery date.

All other insurances (including but not limited to Blue Shield Pennsylvania, Cigna and United Healthcare) should be billed to Kremer Eye Center.

Once Kremer Eye Center receives payment, you will be paid 20% of the insurance's approved rate for post-operative cataract and YAG services.

Fees for Co-Management are standardized and global depending on the specific patient's surgery and necessary post-operative care.

Note: the fees above reflect all follow-up exams during the postoperative period.

When billing (on HCFA-1500) for cataract or YAG laser post-operative Co-Management, use the following guidelines to ensure a timely appropriation of fees:

• **Box 17**

Michael Aronsky, MD	NPI 1962518712
Ayan Chatterjee, MD, MSED	NPI 1265845804
Aaron Cohn, MD	NPI 1952517435
Carol Hoffman, MD	NPI 1487760153
George Pronesti, MD	NPI 1275649923
Jesse Richman, MD	NPI 1346402872
Anthony Zacchei, MD	NPI 1902912660
Ketki Soin, MD	NPI 1487916185

• **Box 19**

The first date should be the first post-operative day you see the patient, and the last day should be the 90th day post-operative visit.

• **Box 21**

Cataract surgery	H25.11, H25.12
YAG Laser	H26.491, H26.492

• **Box 24-A:** Original surgery date

• **Box 24-B:** Code 11 – Office

• **Box 24-D**

Cataract Surgery	66984
Complex Cataract Surgery	66982
YAG Laser	66821

• **Box 24-D**

Modifier 55
 RT or LT

• **Box 24-G:** Usually 88 (Aetna & Keystone* 1)

Referrals: For Aetna and Keystone* you should get a referral under your provider number for the billing of the post-op care. This referral should be dated no later than the surgery date. (Box 23.)

Please feel free to contact Kremer's billing department with any questions:
610-491-2127

*Not accepted in New Jersey.

Subject to change, please visit www.KremerEyeCenter.com/CoCare-Portal or contact your PRC for any updates. Last updated July 2019.

Co-Management Assessment Form (Pre-Op)

Patient Name: _____ DOB: _____ Date: _____

Patient Phone #: (____) _____ Date Last Worn Contact Lenses: _____

Ocular History

Systemic History

Medications

Allergies

Reason For Referral: Refractive Cataract Glaucoma Oculoplastic Cornea Dry Eye Keratoconus
 Opacified Capsule Other (please specify): _____

Requested Surgeon: _____

Examination: **VAsc** OD _____ **VAcc** OD _____ **NV** OD _____ EOM _____
 OS _____ OS _____ OS _____ FIELDS _____

Pupils: _____ **Keratometry:** OD _____ / _____ @ _____
 OS _____ / _____ @ _____

Manifest Refraction **Cycloplegic Refraction** *(Required for refractive patients)*
 OD _____ 20/ _____ OD _____ 20/ _____
 OS _____ 20/ _____ OS _____ 20/ _____

Slit Lamp Examination **IOP (Goldmann/Non-Contact/Other)**
 OD _____ OD _____ @ _____ : _____
 OS _____ OS _____ @ _____ : _____

Dilated Fundus Examination *(Required for refractive patients)* **Pachymetry**
 OD _____ OD _____
 OS _____ OS _____

Impression: _____ **Plan:** _____

FOR REFRACTIVE SURGERY PATIENTS, PLACE A CHECK MARK FOR APPROPRIATE SERVICES.

- I have arranged with this patient to perform Post-Operative Exams at 1-day, 1-week, and 1, 3, 6 and 12-month intervals.
- I have performed a Cycloplegic Refraction
- I have informed patient to discontinue contact lenses prior to the evaluation (RGP 4 weeks, Soft 2 weeks).
- Please contact my patient to schedule surgery.

ALL PRE-OP FORMS AND DATA MUST BE RECEIVED PRIOR TO EVALUATION/SURGERY AT KREMER.

Co-Managing Doctor Name (Print): _____ Phone #: (____) _____

Co-Managing Doctor Signature: _____ Date: _____

Doctor Signature: _____ Doctor Name (printed): _____

Please fax this form to the appropriate facility:

King of Prussia, PA (610) 337-1153 Cherry Hill, NJ (856) 910-9983 Wilmington, DE (302) 657-0372

Co-Management Post-Op Form

Patient Name: _____ **DOB:** _____

Co-Managing Doctor: _____ **Surgeon Name:** _____

Type of Follow-Up: Refractive Cataract Glaucoma Oculoplastic Cornea Dry Eye Keratoconus
 Opacified Capsule Other (please specify): _____

Date of Surgery OD _____ OS _____ MEDS _____

Chief Complaint _____

Examination **VAsc** OD _____ **VAcc** OD _____
 OS _____ OS _____

Near Vision OD _____ **Keratometry** OD _____ / _____ @ _____
 OS _____ OS _____ / _____ @ _____

Manifest Refraction	Cycloplegic Refraction <i>(Perform prior to enhancement surgery)</i>
OD _____ 20/ _____	OD _____ 20/ _____
OS _____ 20/ _____	OS _____ 20/ _____

Slit Lamp Examination	IOP (Goldmann/Other) <i>(Perform at all cataract post-op visits, perform no sooner than 6 month refractive visit)</i>
OD _____	OD _____ @ _____ : _____
OS _____	OS _____ @ _____ : _____

Dilated Fundus Examination *(Perform at 1 month cataract post-op visit. Perform prior to enhancement surgery.)*

OD _____

OS _____

Impression:

Plan:

Doctor Signature: _____ **Date:** _____

Please fax this form to the appropriate facility:
 King of Prussia, PA (610) 337-1153 Cherry Hill, NJ (856) 910-9983 Wilmington, DE (302) 657-0372

Scheduled Post-Op Visits
LASIK & Visian: 24-72 hours, 1 Week, 1 Month, 3 Months, 6 Months, 1 Year
PRK: Days 1-5+ Until BCL is Removed; 1 Week; 1 Month; 3 Months; 6 Months; 1 Year
CATS: 24 hours, 1 Week, 1 Month, 3 Months

Directions to King of Prussia, PA

**200 Mall Boulevard
King of Prussia, PA 19406
610-337-1580 or 1-800-694-3937**

From South of King of Prussia: Take Rt. 202 N. As you approach King of Prussia, get into farthest left lane (becomes turn-only lane). At the light, turn left onto Gulph Rd. (turns into N. Gulph Rd.). Follow N. Gulph Rd. past the first light (Mall entrance) and at the next light, turn right on Mall Blvd.(Crate & Barrel will be on your right). Our building is immediately on the left. Make the first left onto Pulaski Dr. (at the No U-Turn sign) and turn left into the parking lot behind our building.

From North of King of Prussia: Take Rt. 202 S. to King of Prussia. Continue on Rt. 202 past the mall. (Do not turn right onto Mall Blvd.) Proceed to the next intersection after Mall Blvd. and turn right onto Gulph Rd. (turns into N. Gulph Rd.). Follow N. Gulph Rd. past the first light (Mall entrance) and at the next light, turn right on Mall Blvd.(Crate & Barrel will be on your right). Our building is immediately on the left. Make the first left onto Pulaski Dr. (at the No U-Turn sign) and turn left into the parking lot behind our building.

From PA Turnpike (I-276): Take Exit #24/326 (Valley Forge). After the tolls, take exit #328B (202N) to King of Prussia. Merge onto 202N, and get immediately into farthest left lane (becomes turn only lane). At the light, turn left onto Gulph Rd. (turns into N. Gulph Rd.). Follow N. Gulph Rd. past the first light (King of Prussia Mall entrance) and at the next light, turn right on Mall Blvd.(Crate & Barrel will be on your right). Our building is immediately on the left. Make the first left onto Pulaski Dr. (at the No U-Turn sign) and turn left into the parking lot behind our building.

From Rt 422: Take the exit for Valley Forge Park/Route 23. Bear right at the 1st light. At the next traffic light, turn left onto N. Gulph Rd. Follow approximately 2 miles to Mall Blvd. Turn left onto Mall Blvd. Our building is immediately on the left. Make the first left onto Pulaski Dr. (at the No U-Turn sign) and turn left into the parking lot behind our building.

From I-476 (Blue Rt.) and I-76 (Schuylkill Expressway): Take I-476 North to I-76 West (exit 16B). From I-76, take Exit #327 (Mall Blvd). At the traffic light, turn right onto Mall Blvd. Make the first right onto Pulaski Drive (1 block down, across from Maggiano's) and then make the first left into the parking lot behind our building.

From the Philadelphia Airport: Take I-95 South to I-476 N. (Blue Rt.) Follow the above directions.

Directions to Cherry Hill, NJ

1800 Chapel Avenue, Suite 100
(at the Commerce Center)
Cherry Hill, NJ 08002
(856) 910-9987

From North Jersey: Take 295 South to exit 36B (Rt. 73 N - Cherry Hill) Travel to Rt. 38 West, past the Cherry Hill Mall which will be on your right. Follow to the exit for Haddonfield Road South. At the 2nd light, turn left onto Chapel Ave and make the 1st left into the parking lot. Our building will be on the left, facing Haddonfield Rd.

From North Jersey: Take NJ turnpike to Exit 4 to Rt. 73 North. Then take Rt. 38 West, past the Cherry Hill Mall which will be on your right. Follow to the exit for Haddonfield Road South. At the 2nd light, turn left onto Chapel Ave and make the 1st left into the parking lot. Our building will be on the left, facing Haddonfield Rd.

From South Jersey: Take 295 North to Exit 34B to Rt. 70 West. Travel west on Rt. 70, then follow signs for Haddonfield Rd. North on your right. Turn right onto Haddonfield Rd. going north. Follow to the 4th light, turn right onto Chapel Ave and make the 1st left into the parking lot. Our building will be on the left, facing Haddonfield Rd.

From Northeast Philadelphia: Take the Tacony Palmyra Bridge, Rt. 73 South, to Rt. 38 West past the Cherry Hill Mall, which will be on your right side. ¼ mile past the Mall, take the exit for Haddonfield Road South. At the 2nd light, turn left onto Chapel Ave and make the 1st left into the parking lot. Our building will be on the left, facing Haddonfield Rd.

From the Ben Franklin Bridge: Follow Rt. 38 East and travel approximately 8 miles on Rt. 38 East. Make a right onto Chapel Ave and go straight through intersection at Haddonfield Rd. Make 1st left into parking lot. Our building will be on the left, facing Haddonfield Rd.

From the Walt Whitman Bridge: Take Rt. 130 North to Pennsauken. Follow 130 North until it intersects with Rt. 38 East. Continue on Rt. 38 East, make a right onto Chapel Ave and go straight through intersection at Haddonfield Rd. Make 1st left into parking lot. Our building will be on the left, facing Haddonfield Rd.

*Our facility is on Chapel Ave, at the Commerce Center, next to the Loews movie theatre.
The closest intersection is Chapel Ave and Haddonfield Rd.*

Directions to Wilmington, DE

**2060 Limestone Road, Suite 205
Wilmington, DE 19808
302-657-0386**

From Northern Delaware: Take I-95 South to exit 5B. Merge onto Route 141 North, towards Newport. After approximately 2.5 miles, take exit 6B toward Newark W/Lancaster N. Merge onto Kirkwood Hwy (Route 2 West) and continue for 2.4 miles. At the 7th traffic light, turn left onto Limestone Road (Route 7). Kremer Eye Center is on the right, in the Limestone Shopping Center. Complimentary underground parking is accessible from the right side of the building.

From Southern Delaware: Take I-95 North to exit 4B. Merge onto Route 7 North toward Churchmans Crossing. Continue straight for 2.1 miles. Make a slight left to stay on Route 7 North. In 0.8 miles, just past Limestone Medical Center on the right, turn left into Limestone Shopping Center. Complimentary underground parking is accessible from the right side of the building.

Satellite Offices

1516 Locust Street
Philadelphia, PA 19102
(215) 546-0493

420 Linfield-Trappe Road
Bldg. A, Suite 3300
Limerick, PA 19468
(610) 495-0802

303 Horsham Road, Suite A
Horsham, PA 19044
(215) 675-4992

965 Baltimore Pike, Suite #6
Springfield, PA 19064
(610) 328-7500