

OCULAR OR LASER SURGERY MEDICAL NECESSITY

Reading small print, such as labels on medicine bottles, telephone	RIGHT EYE		LEFT EYE	
Reading small print, such as labels on medicine bottles, telephone	YES	NO	YES	NO
books, food labels, cell phones or newspapers?				
Reading traffic signs, street signs or store signs?				
Doing fine handiwork like sewing, knitting, crocheting or carpentry?				
Writing checks or filling out forms like this one?				
Playing games such as bingo, dominos or card games?				
Taking part in sports like bowling, handball, tennis or golf?				
Watching television?				
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ptoms: Have you been bothered by any of the following?	DICH	T EYE	155	ΓΕΥΕ
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Do an alakt vision 2	YES	NO	YES	NO
Poor night vision?				
Seeing rings or halos around lights?				
Driving difficulty from glare caused by headlights or bright sunlight?				
Hazy and/or blurry vision?				
Poor vision in dim lighting?				
Poor color vision?				
Double vision from one eye?				
r Procedures: Have you ever had eye surgery or any other eye procedu	ıres?			
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	YES	NO	YES	NO