

Welcome to Central Ohio's  
Most Trusted Name in  
**LASIK.**



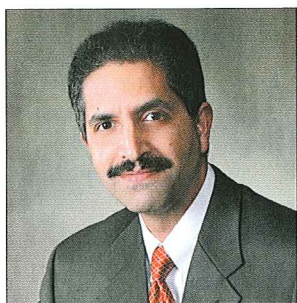
Winner of the Consumers' Choice Award for quality, value and service in laser vision correction.



Newark: 1651 W. Main Street, Newark 740-522-3937  
Columbus: 4605 Morse Road, Columbus 614-472-3937

888-539-EYES  
[www.bloombergeye.com](http://www.bloombergeye.com)

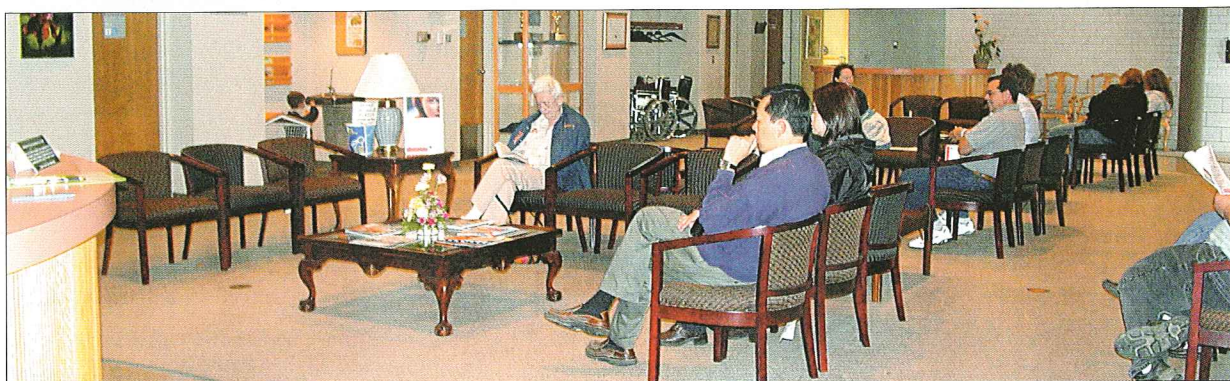




Shahin Shahinfar, MD  
Medical Director

## ■ Our Practice

On behalf of the physicians and staff of the Bloomberg Eye Center, I welcome you to our practice. We are proud to be Central Ohio's leading provider of laser vision correction. Our LASIK surgery services have enabled thousands to see clearly. We combine experience and personalized care with the latest technology to achieve superior results. I invite you to read our material, log on to [www.bloombergeye.com](http://www.bloombergeye.com), or visit us in person to learn about LASIK, our easy financing programs and to find out why year after year Bloomberg Eye Center has earned the Consumers' Choice Award for quality, value, and service.



## ■ Our Doctors

*Bloomberg Eye Center is a full-service eye care and surgical center owned and operated by its physicians. Unlike corporate LASIK centers, we do not hire traveling or part-time surgeons. As Central Ohio's premier eye care center since 1970, we pride ourselves on developing personal relationships with each of our patients, and you can count on us to be here to care for your eyes 24 hours a day, seven days a week.*





## ■ Our Technology

Quality eye surgery demands the best in technology. We are pleased to offer our patients the latest diagnostic and laser equipment approved by the FDA. We are uniquely experienced with multiple laser platforms including Lasersight, Nidek, Bausch & Lomb, and the industry-leader, VISX CustomVue.



We offer high-definition, wavefront-guided LASIK using the CustomVue platform.  
With CustomVue :

- 98% of patients see 20/20 or better
- 70% see better than 20/20
- 100% can see well enough to drive without glasses or contact lenses

(For FDA study results at one year after LASIK, visit [www.fda.gov](http://www.fda.gov))

Advanced  
CustomVue™

The most recent advance in Custom LASIK is Iris Registration™. We were the first practice in Central Ohio to use Visx iris recognition technology to achieve a new level of precision in custom LASIK. Our investment in technology demonstrates our commitment to patients, and is just one reason why Bloomberg Eye Center is the region's number one choice for LASIK.





## What Our Patients Are Saying

■ "I had the LASIK procedure at the Bloomberg Eye Center, and the results are amazing! The procedure was painless, and the staff didn't miss a single detail, they even played the OSU theme song before the procedure! If you've been considering LASIK, I have two pieces of advice ... do it now, and do it at Bloomberg Eye Center!

*Paul Keels, Voice of the Buckeyes*

■ "It's everything I'd been told it would be....I can read signboards from a good 50 yards now! I'm truly seeing 20/20 without glasses – better than I did (20/25) with them before my Custom Lasik surgery from Dr. Shahinfar. It took me awhile to make the decision to "take the leap" and get this done, but that's the only regret I have – that I waited as long as I did! And, did I mention no more watching TV from bed with my glasses perched down at the end of my nose so I could see the TV? Thank You, Bloomberg Eye Center."

*Derald "Woody" Johnson, "Woody & The Wake Up Call" 92.3 WCOL*

■ "The patients I've sent to Bloomberg have all had great experiences; in fact, I sent my wife there nearly 5 years ago. She had LASIK surgery and she did phenomenally well with it. I recently examined her and she's 20/20 after 5 years."

*Dr. Dan McBride, Optometrist, Heath, OH*

■ "Interestingly, you can look at technique; you can look at the background of the doctor – what you need though is someone who will listen – someone who will be your partner throughout the procedure. In Dr. Shahinfar, you have a real gem. He's one of the best trained folks in the state of Ohio. The people here care – you can't go wrong in a facility where people care. It's a practice that is a unique gem."

*Dr. Jeff Oster, DPM, Granville, OH*

■ "I selected the Bloomberg Eye Center based on other referrals and testimonials from people I know and trust. My experience was very good. The staff and doctors were very helpful, answered all of my questions, and provided me with enough information that I could make an informed decision. It was an amazing experience to be able to read without reading glasses or contacts."

*Judy O'Dwyer, Director, Business & Industry Institute, Newark, OH*

■ "The only thing better than my experience at Bloomberg Eye Center is how well I can see since my LASIK eye surgery."

*Rick Savine, Owner/Talk Show Host, Y107.3 FM, Zanesville, OH*



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## ■ A Few Reminders Before Your Consultation

Your refractive consultation is scheduled for

(Date/Time) \_\_\_\_\_

in our \_\_\_\_\_ office.

■ Our current pricing is a tiered system depending on the amount of correction and the technology needed as determined by your exam.

■ For patients who qualify, we offer CustomVue laser vision correction utilizing the latest iris recognition technology. The benefits of custom LASIK include better quality of vision and less glare at night.

■ If you are interested in our interest-free financing plan, please let us know.

■ In order for us to assure the most accurate measurements, please DO NOT wear your soft contact lenses for at least 1 week before your exam. Hard and gas-permeable lenses should be left out for 4 weeks.

■ Please bring your current glasses with you the day of your exam.

■ Please fill out your Patient Information forms completely and bring them with you to your exam.

■ Your eyes will be dilated as part of your exam. You may want to bring a driver, although most people feel safe driving with sunglasses.

■ Your appointment may take up to 2 hours to complete all the necessary tests.

■ LASIK is not recommended if you are pregnant or a nursing mother.

■ If you are unable to keep your appointment, please call us as soon as possible to reschedule.

■ If you have any questions, please do not hesitate to call us at (740) 522-3399 or toll free at (888) 539-EYES (3937).



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## Surgery Checklist

At Bloomberg Eye Center, we know you have a choice in eye care providers. We are committed to making your experience with us the very best it can be. Here is a checklist of the tests we perform and the processes we use before, during and after your surgery to help you know what to expect and to ensure the best possible results. We thank you for placing your trust in Bloomberg Eye Center and we will be with you every step of the way.

### Preoperative Testing

Before your surgery, we will conduct several tests to assess your eye health and to assure the most accurate measurements of your eyes.

<b>Visual Acuity:</b>	Determined by reading an eye chart with and without your glasses
<b>Lensometer:</b>	Measures the refractive power of your current glasses
<b>Autorefraction:</b>	Measures the refraction of each eye
<b>Pupil Size:</b>	Measures the diameter of your pupil
<b>Dominant Eye:</b>	Determines which eye is your primary focusing eye for distant objects.
<b>Manifest Refraction:</b>	Measures the optical correction for best corrected vision
<b>Cycloplegic Refraction:</b>	Measures the amount of refractive error in your dilated eye
<b>Slit Lamp:</b>	Determines the health of your lens, cornea, aqueous, iris and membranes
<b>K Readings:</b>	Measures curvature of your cornea using a keratometer
<b>Pachymetry:</b>	Measures the thickness of your cornea
<b>Wavefront Analyzer:</b>	Provides the unique "fingerprint" of the eye
<b>Intraocular Pressure:</b>	Measures pressure inside the eye and screens for glaucoma
<b>Fundus Exam:</b>	Uses an ophthalmoscope to check the health of your optic nerve and retina



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## ■ Surgery Checklist

### ■ Medical History

Our staff will carefully review your medical history to assess:

**Stable Vision:** We will discuss and investigate any vision changes in the last year.

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**General Health:** We will review your current medications, allergies and other important medical information, including pregnancy or breastfeeding status in female patients

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**Individual Requirements:** Correction for near and distance vision discussed

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### ■ Surgical Consent Forms and Patient-Specific Surgery Corrections

**Review:** All consent forms will be thoroughly reviewed and discussed with you before you sign them.

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**Explanation:** We will also explain your individual surgery corrections.

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### ■ Surgery Safety and Quality Guidelines

To ensure the highest quality surgical experience and outcome, our medical staff meticulously prepares for the procedure.

**Environmental Protocols:** Infection control, sterile field, humidity and temperature requirement policies are strictly enforced in the surgical suite.

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**Equipment Controls:** Calibration testing and quality checks are performed on all lasers and instruments as recommended by the manufacturers. All laser maintenance is completed by manufacturer-certified engineers.

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**Microkeratome Testing:** Before surgery begins, equipment testing will be completed to assure that a smooth "flap" can be made for a more successful procedure.

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### ■ Post-Surgery

If you have questions or concerns once you get home, our staff is available to help 24/7 by calling 740-504-3310.

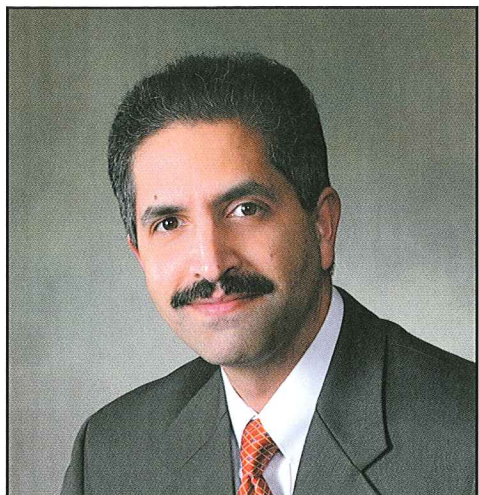


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## Dedicated to Excellence in Comprehensive Eye Care.

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■ **Shahin Shahinfar, MD—Medical Director**

Board-certified ophthalmologist

Fellowship-trained ophthalmic surgeon

Assistant clinical professor, Ohio State University

Over 25,000 LASIK procedures performed

■ **Hospital Affiliations:**

Grant Medical Center, Columbus

Licking Memorial Hospital, Newark

Ohio State University Hospital, Columbus

■ **Undergraduate Education:**

University of California, Berkeley

■ **Medical School:** University of Illinois College of Medicine

■ **Residency:** University of Missouri, Columbia

■ **Fellowship:** Southern Illinois University

■ **Certifications:** Board Certified, American Board of Ophthalmology, Fellow of the American Academy of Ophthalmology, Diplomate of the National Board of Medical Examiners, AMA's Physician's Recognition Award

■ **Research:** Primary investigator for Lasersight Technologies, studying laser vision correction at Bloomberg Eye Center, Investigator for CIBA Vision, studying photodynamic therapy for macular degeneration, Dr. Shahinfar has published articles in leading peer-reviewed journals.

■ **Membership:** American Academy of Ophthalmology, Ohio Ophthalmologic Society, American Society of Retina Specialists, American Society of Cataract and Refractive Surgeons



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### ■ Steven Blausey, OD—Clinic Director

Advanced clinical training in ocular disease  
Management of pre- and post-surgical patients  
Treatment and post-operative management of refractive surgery patients  
Clinical Instructor, Ohio State University

#### **Education:**

■ Doctor of Optometry, Ohio State University College of Optometry

#### **Residency:**

■ Pennsylvania College of Optometry  
■ Parris & Castoro Laser Eye Center, Baltimore

#### **Fellowship:**

■ Omni Eye Specialists, Baltimore

#### **Membership:**

■ American Optometric Association, Ohio Optometric Association,  
Central Ohio Optometric Association

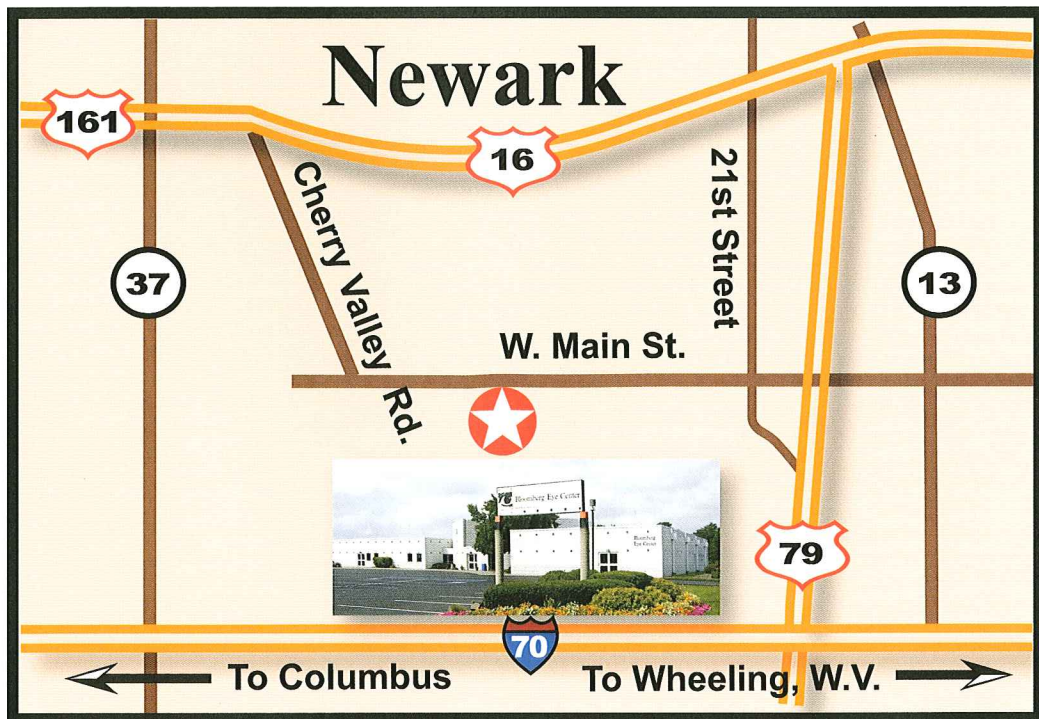


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Bloomberg  
Eye Center

☐ 1651 W. Main Street, Newark, OH 43055 Appt. Date: \_\_\_\_\_  
☐ 4605 Morse Rd., Suite 200, Columbus, OH 43230 Time: \_\_\_\_\_

NEW PATIENT INFORMATION  
PLEASE PRINT

PERSONAL:

DATE \_\_\_\_\_

NAME MR/MRS/MS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

NAME OF SPOUSE OR PARENT \_\_\_\_\_

NAME OF RESPONSIBLE PARTY \_\_\_\_\_

EMERGENCY/CELL PHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE INFORMATION: *WE WILL NEED TO MAKE COPIES OF YOUR INSURANCE CARDS*

PRIMARY INSURANCE COMPANY \_\_\_\_\_

NAME OF SUBSCRIBER \_\_\_\_\_

SUBSCRIBERS DATE OF BIRTH \_\_\_\_\_

SUBSCRIBER NUMBER \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_

SUBSCRIBER NUMBER \_\_\_\_\_

*We welcome you to our office and thank you for entrusting your health care to us. We would be most interested in knowing why you selected our office for your care.*

REFERRED BY:

Name \_\_\_\_\_

Address \_\_\_\_\_

My decision to come to this office was influenced by:

- |   |   |
|---|---|
| <input type="checkbox"/> Doctor (Name) _____                  | <input type="checkbox"/> Newspaper Ad _____ |
| <input type="checkbox"/> Friend or Family Member (Name) _____ | <input type="checkbox"/> Radio _____        |
| <input type="checkbox"/> Telephone Book Ad _____              | <input type="checkbox"/> Internet _____     |
| <input type="checkbox"/> Cable TV _____                       | <input type="checkbox"/> Other _____        |

Comments \_\_\_\_\_

Name: \_\_\_\_\_

## BLOOMBERG EYE CENTER

*Cataract & Laser Center*

PLEASE COMPLETE THE FOLLOWING INFORMATION

### ALLERGIES TO FOOD OR MEDICINE - WHAT TYPE OF REACTION(S)

1. \_\_\_\_\_
2. \_\_\_\_\_

HAVE YOU EVER BEEN HOSPITALIZED OR HAD SURGERY FOR ANY REASON INCLUDING EYE SURGERIES? PLEASE LIST.

DATE	REASON
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

HAVE YOU EVER HAD ANY OF THESE CONDITIONS?

Date Diagnosed/Type

EAR, NOSE, THROAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
BLOOD DISORDERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
THYROID	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
DIABETES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
NEUROLOGICAL (STROKES, SEIZURES)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
HEART DISORDERS (HEART ATTACK, MURMURS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
CHRONIC KIDNEY DISORDER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
MUSCULOSKELETAL (MS, ARTHRITIS, ETC.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
ELEVATED CHOLESTEROL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
LUNG OR BREATHING DISORDERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
GASTROINTESTINAL (ACID REFLUX)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
HIGH BLOOD PRESSURE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____



GLAUCOMA	<input type="checkbox"/> YES	<input type="checkbox"/> NO _____
CATARACTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO _____
OTHER EYE CONDITIONS	<input type="checkbox"/> YES	<input type="checkbox"/> NO _____
CURRENTLY PREGNANT and/or NURSING	<input type="checkbox"/> YES	<input type="checkbox"/> NO _____

IS THERE A FAMILY HISTORY OF:

A) DIABETES    ☐ YES    ☐ NO    IF YES, WHO? \_\_\_\_\_

B) GLAUCOMA    ☐ YES    ☐ NO    IF YES, WHO? \_\_\_\_\_

WHO IS YOUR FAMILY PHYSICIAN? \_\_\_\_\_ LAST SEEN:    /    /

WHO IS YOUR OPTOMETRIST? \_\_\_\_\_ LAST SEEN:    /    /

WHAT DID THEY TELL YOU? \_\_\_\_\_

## MEDICATIONS

NAME OF MEDICATION	STRENGTH	NUMBER OF TIMES TAKEN EACH DAY	NUMBER OF PILLS TAKEN EACH TIME
--------------------	----------	-----------------------------------	------------------------------------

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

DO YOU, OR HAVE YOU EVER USED ALCOHOL?    ☐ YES    ☐ NO  
 IF YES, HOW OFTEN:    DAILY \_\_\_\_\_    WEEKLY \_\_\_\_\_    OCCASIONALLY \_\_\_\_\_

DO YOU, OR HAVE YOU EVER USED TOBACCO IN ANY FORM?    ☐ YES    ☐ NO  
 IF YES, FOR HOW LONG? \_\_\_\_\_

PLEASE NOTE ANY OTHER SERIOUS ILLNESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_