

INTRAOCULAR LENS (IOL) INFORMED CONSENT FORM

Form Disclaimer

This form has been developed by cataractlens.ca as a free public educational resource to support patient understanding and informed decision-making.

It is intended to reflect general professional standards and practices in Ontario and to help patients better understand their rights, options, and the cataract surgery process.

This form is provided for informational purposes only and may not reflect the specific policies or procedures of your clinic, surgeon, or healthcare provider. Patients are encouraged to review all information carefully and discuss any questions with their eye care professional before making decisions.

Use of this form is voluntary and at the discretion of the patient and provider. Cataractlens.ca assumes no responsibility for its use in clinical or non-clinical settings.

Patient Name: _____

Date of Birth: _____

Health Card Number (optional): _____

Clinic / Surgical Centre: _____

Surgeon: _____

Date: _____

Purpose

During cataract surgery, the natural cloudy lens of the eye is removed and replaced with an artificial intraocular lens (IOL). This form explains the different lens options available and documents your understanding and selection.

Standard Lens (OHIP-Covered)

- ☐ I understand that a standard single-focus (monofocal) lens is fully covered by OHIP.
 - ☐ I understand that this lens is designed to restore clear vision at one distance (typically distance vision).
 - ☐ I understand that I will likely still require glasses for near and/or intermediate tasks.
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Optional Lens Features (Not Covered by OHIP)

I understand that optional lens features (sometimes referred to as enhanced or premium lenses) are available but are not medically necessary and are not covered by OHIP.

These may include:

- ☐ Aspheric lenses (may improve contrast and clarity)
 - ☐ Toric lenses (correct astigmatism)
 - ☐ Enhanced single-focus lenses (extend intermediate vision slightly)
 - ☐ Extended range of vision lenses (broader range of focus)
 - ☐ Multifocal / full range lenses (distance, intermediate, and near vision)
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Understanding of Trade-Offs

- ☐ I understand that lenses offering a greater range of vision may involve trade-offs such as glare, halos, or reduced contrast, especially in low-light conditions.
 - ☐ I understand that lenses with fewer visual side effects may require greater dependence on glasses.
 - ☐ I understand that there is no single “best” lens option, only the one that best fits my eyes and lifestyle.
 - ☐ I understand that the final lens recommendation is based on my eye health, measurements, and lifestyle needs
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Costs

- ☐ I understand that any optional lens features will involve additional out-of-pocket costs.
 - ☐ I confirm that I have been informed of these costs in advance and have had the opportunity to ask questions.
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Selection

Please indicate your selection:

- ☐ Standard OHIP-covered lens
 - ☐ Optional lens (specify type): _____
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Acknowledgment and Consent

By signing below, I confirm that:

- I understand the difference between standard and optional lens options.
- I understand the benefits and limitations of my selected option.
- I have had the opportunity to ask questions and receive satisfactory answers.
- I understand that visual outcomes cannot be guaranteed.
- I consent to the implantation of the selected intraocular lens.

Patient Signature: _____

Date: _____

Witness / Staff Name: _____

Signature: _____

Date: _____

Notes (if applicable)