

Mandel Vision™
Patient Checklist

Do you notice any glare or halos at nighttime? (This may be noticed as a ring or reflection around streetlights, or headlights.) Yes___No___

Is your nighttime vision worse than your daytime vision? Yes___No___

Have you ever been turned down for laser vision correction? Yes___No___

If yes, please list the reasons below:

Are you an eye rubber? Yes___No___

Are your eyes dry? Yes___No___

Are you taking antidepressant medication? Yes___No___

Are you taking antihistamine medication? Yes___No___

Are you taking steroids? Yes___No___

Do you have an active disease affecting your body? Yes___No___

If yes, please list disease: _____

Female patients:

Are you pregnant or nursing? _____

Patient Signature: _____ Date: _____