7. The effectiveness of TECNIS Symfony® Toric IOLs in reducing postoperative residual corneal meridian. The squared posterior edge of the aspheric and toric-aspheric anterior optic is

12. Carefully remove all viscoelastic and do not over-inflate the capsular bag at the end of the

k) Patients with only one good eye with potentially good vision.

- Non-age-related cataract
- Chronic severe uveitis
- Significant anterior chamber hyphema

The clinical study results achieved at 6 months postoperatively demonstrate that the TECNIS Toric IOL U.S. IDE study.

The most commonly reported optical/visual symptoms noted with lower incidences than when subjects were specifically asked about experience/

| Table 13. | Halos, starbursts, and other visual disturbances. Note that directed questioning is designed to elicit responses whether or

Table 27 | presents mean monocular and binocular distance visual acuities at 6 months for Symfony

Table 33 | to or less than those of the historic control population (FDA Grid for Posterior Chamber IOLs) as

<table>
<thead>
<tr>
<th>Visual Acuity</th>
<th>Group</th>
<th>Mean</th>
<th>95% CI</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance High-Contrast Photopic Visual Acuities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your depth perception may be affected if you experience any visual symptoms. We recommend consulting with a healthcare provider for a comprehensive evaluation of your vision and visual symptoms.

As of [date], the total number of first eyes with data at two consecutive visits is [number], including three subjects who experienced a Nd:YAG posterior capsulotomy. Therefore, the total number of first eyes is [number].

For more consecutive visits, the number is [number].

Please note: Includes any findings reported with a statistically significant (p < 0.05).