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| --- | --- |
| Name  Age/Gender  Mobile No  Address | Branch  Case No:  Date:  Ref By: |

**Surgery Plan and Consent**

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| --- | --- | --- | --- |
| Admission Date | Admission Time | Operation Eye | Surgeon |
|  |  |  |  |

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| --- | --- |
| Operation Plan |  |
| Visual Prognosis |  |
| Refractive Prognosis |  |
| Ophthalmic Difficulties |  |
| Systemic Difficulties |  |
| Possible Complications and secondary procedures |  |
| Expected Expense |  |

**Patient’s consent: I have read and understood the surgery plan in detail and I permit to perform the same. I have received the copy of it. Also, I understand that this is just a surgery plan. Actual execution of procedure and expense may differ from shown here in unusual situations. I agree to comply with it.**

**Important: This is just an overview of your personalized surgery plan. Complete details of all possible risk-factors and concerns have been mentioned in your informed consent. Please go through it carefully and sign it.**

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|  |  |  |  |
| Date | Surgeon’s Signature | Patient’s Signature | Witness |