

Assign Benefits

Patient : **Kathryn Strittmatter**
Date of Birth : **02-11-1959**
Date of Surgery : **09-30-2010**
Surgeon : **Wnorowski, Brian**
Site :
Operation : **Visual Field**

My treatment with SURGERY has been personally described to me by {Surgeon Name}

The following points of information, among others, have been specifically discussed and made clear and I have had the opportunity to ask any questions concerning this information:

I, **Kathryn Strittmatter** (patient's name) understand that SURGERY is used to treat certain types of patients with Parkinson's disease and my physician has told me that I am this type of patient.

I understand that there is a serious risk that I could develop severe liver failure, which may be potentially fatal, by using SURGERY.

I understand that there are no laboratory tests that will predict if I am at an increased risk for fatal liver failure.

I understand that I should have the recommended blood work before my treatment with SURGERY is begun and periodically for the first 6 months of therapy. After the first six months, periodic monitoring should occur as directed by your physician. I understand that if the dose of SURGERY is increased, I should have the blood work take place before increasing the dose and have the blood work repeated periodically as described above. I understand that although this blood work may help detect if I develop liver failure it may do so only after significant, irreversible and potentially fatal damage has already occurred.

Kathryn Strittmatter