Nereby consent to undergo the following procedure nice	CONSENT FOR OPERATION/PROCEDURE
The nature and effects of which have been explained to me by Dr Sonia Moorthy. I acknowledge that I have consented to the procedure/treatment as detailed above: I understand that the explanation the doctor gave me as to the need and benefits related to procedure/treatment outlined above. I understand the procedure/treatment carries some risk and complication may occur. I understand additional procedure(s) may be needed if the doctor finds something unexpected. I understand I am able to withdraw this consent at any time prior to the commencement of the procedure/treatment. I understand blood products/blood transfusion carry some risk and complications may occur, which have been explained to me. I consent to the use of blood products/ blood transfusions, if needed. Yes	I, hereby consent to undergo the following procedure nice
acknowledge that I have consented to the procedure/treatment as detailed above:	on at
I understand that the explanation the doctor gave me as to the need and benefits related to procedure/treatment outlined above. I understand the procedure/treatment carries some risk and complication may occur. I understand additional procedure(s) may be needed if the doctor finds something unexpected. I understand I am able to withdraw this consent at any time prior to the commencement of the procedure/treatment. I understand blood products/blood transfusion carry some risk and complications may occur, which have been explained to me. I consent to the use of blood products/ blood transfusions, if needed. Yes No I consent to anaesthetics', medicines or to other treatments which could be related to this procedure(s)/treatment. Yes No I authorize the following to be administered as per my preference sheet/pathway. Eye drop regime Pre-operative/ Post-operative medication IREQUEST AND CONSENT TO THE PROCEDURE/TREATMENT DESCRIBED ABOVE: Signature of Patient/Parent/Guardian: Arif Pathan Date: Signature of Surgeon: Dr Sonia Moorthy Sclect Option PATIENT ADMISSION DETAILS Procedure Date: Operative Time: Length of Stay: Day Inpatient o'night Frocedure Date: Provider: Dr Sonia Moorthy	The nature and effects of which have been explained to me by Dr Sonia Moorthy.
procedure/treatment outlined above. I understand the procedure/treatment carries some risk and complication may occur. I understand additional procedure(s) may be needed if the doctor finds something unexpected. I understand I am able to withdraw this consent at any time prior to the commencement of the procedure/treatment. I understand blood products/blood transfusion carry some risk and complications may occur, which have been explained to me. I consent to the use of blood products/ blood transfusions, if needed. Yes No Consent to anaesthetics', medicines or to other treatments which could be related to this procedure(s)/treatment. Yes No Consent to anaesthetics', medicines or to other treatments which could be related to this procedure(s)/treatment. Yes No Consent to anaesthetics' medicines or to other treatments which could be related to this procedure(s)/treatment. Yes No Consent to anaesthetics' medicines or to other treatments which could be related to this procedure(s)/treatment. Yes No Consent to anaesthetics' medicines or to other treatments which could be related to this procedure(s)/treatment. Yes No Consent to anaesthetics' medicines or to other treatments which could be related to this procedure(s)/treatment. Yes No Consent to anaesthetics' medicines or to other treatments which could be related to this procedure sheet/pathway. Eye drop regime Pre-operative/ Post-operative medication I REQUEST AND CONSENT TO THE PROCEDURE/TREATMENT DESCRIBED ABOVE: Signature of Patient/Parent/Guardian: One procedure pate: Date: Left Pathan Date: Date: Date: Date: Date: Described Provider: Drovider: Drovide	I acknowledge that I have consented to the procedure/treatment as detailed above:
Signature of Patient/Parent/Guardian: Arif Pathan Date:	procedure/treatment outlined above. I understand the procedure/treatment carries some risk and complication may occur. I understand additional procedure(s) may be needed if the doctor finds something unexpected. I understand I am able to withdraw this consent at any time prior to the commencement of the procedure/treatment. I understand blood products/blood transfusion carry some risk and complications may occur, which have been explained to me. I consent to the use of blood products/ blood transfusions, if needed. Yes No Compared to the use of blood products/ blood transfusions, if needed. Yes No Compared to this procedure(s)/treatment. Yes No Compared to the use of blood products/ blood transfusions are preference sheet/pathway.
Read and explained to the signatory who stated that everything was understood. Signature of Surgeon: Dr Sonia Moorthy Select Option PATIENT ADMISSION DETAILS Procedure Date: Operative Time: Length of Stay: Day Inpatient o'night • Eye: Left Right Bilateral • Provider: Dr Sonia Moorthy	I REQUEST AND CONSENT TO THE PROCEDURE/TREATMENT DESCRIBED ABOVE:
Signature of Surgeon: PATIENT ADMISSION DETAILS Procedure Date: Operative Time: Length of Stay: Day Inpatient o'night • Eye: Left Right Bilateral • Provider: Dr Sonia Moorthy	Signature of Patient/Parent/Guardian: Arif Pathan Date:
PATIENT ADMISSION DETAILS Procedure Date:	Read and explained to the signatory who stated that everything was understood.
Procedure Date: Operative Time: Length of Stay: Day Inpatient o'night Eye: Left Right Bilateral Provider: Dr Sonia Moorthy	Signature of Surgeon: Dr Sonia Moorthy Select Option
Eye: Left Right Bilateral Provider: Dr Sonia Moorthy	PATIENT ADMISSION DETAILS
	Procedure Date: Operative Time: Length of Stay: Day O Inpatient O o'night •
Hospital: * Select Option	Eye: Left Right Bilateral Provider: Dr Sonia Moorthy
	Hospital: * Select Option

Signature Certificate

Final Audit Report 2024-01-16

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