CONSENT FOR OPERATION/PROCEDURE

l,	hereby consent to undergo the following procedure
on	at
The nature ar	d 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 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
LREQUEST A	ND CONSENT TO THE PROCEDURE/TREATMENT DESCRIBED ABOVE:
	atient/Parent/Guardian: Date:
•	ained to the signatory who stated that everything was understood.
·	
-	urgeon: Dr Sonia Moorthy
PATIENT ADN	IISSION DETAILS
Procedure Da	te: Operative Time: Length of Stay: Day Inpatient o'night
Eye: Left	Right Bilateral Provider: Dr Sonia Moorthy
Hospital: *	
Addit	onal Information:
. 13.011	

Signature Certificate

Final Audit Report 2024-01-19

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