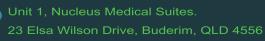
(07) 5375 1200 (Gympie)









Dr. Sonia Moorthy Adult & Paediatric Ophthalmic Surgeon www.eyehub.net.au

Minor Procedure Consent Form

l,		of		_consent to Dr Sonia
Moorthy performing the following procedure on myself:				
Remove of left lower lid lesion and biopsy.				
I have been made aware that there may be complications.				
These complications may include (but are not limited to):				
Ir	nfection			
В	leeding			
D	Delayed healing			
P	ain			
S	carring			
I have read and understood the information detailed above. I consent to having Dr Sonia Moorthy perform the above listed procedure on my				
-	IGHT	LEFT	·	e).
Patient N	lame <u>:</u>			_
Signature:				
Date:				
Witness Name:				
Signature:				
Date:				