

CONSENT FOR OPERATION/PROCEDURE

I, hereby consent to undergo the following procedure
on at

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 ☐ 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 ☐

I REQUEST AND CONSENT TO THE PROCEDURE/TREATMENT DESCRIBED ABOVE:

Signature of Patient/Parent/Guardian: Date:

Read and explained to the signatory who stated that everything was understood.

Signature of Surgeon: Dr Sonia Moorthy

PATIENT ADMISSION DETAILS

Procedure Date: Operative Time: Length of Stay: Day ☐ Inpatient ☐ o'night ☒

Eye: Left ☐ Right ☐ Bilateral ☒ Provider: Dr Sonia Moorthy

Hospital: *

▪ Additional Information:

Signature Certificate

Final Audit Report

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