CONSENT FOR OPERATION/PROCEDURE
I, hereby consent to undergo the following procedure Hello
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:
<ul> <li>I understand that the explanation the doctor gave me as to the need and benefits related to procedure/treatment outlined above.</li> <li>I understand the procedure/treatment carries some risk and complication may occur.</li> <li>I understand additional procedure(s) may be needed if the doctor finds something unexpected.</li> <li>I understand I am able to withdraw this consent at any time prior to the commencement of the procedure/treatment.</li> <li>I understand blood products/blood transfusion carry some risk and complications may occur, which have been explained to me.</li> <li>I consent to the use of blood products/ blood transfusions, if needed.</li> <li>Yes No O</li> <li>I consent to anaesthetics', medicines or to other treatments which could be related to this procedure(s)/treatment.</li> <li>Yes No O</li> <li>I authorize the following to be administered as per my preference sheet/pathway.</li> <li>Eye drop regime Pre-operative/ Post-operative medication O</li> </ul>
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:Rajiv Dr Sonia Moorthy Select Option
PATIENT ADMISSION DETAILS
Procedure Date: Operative Time: Length of Stay: Day Onpatient Oo'night •
Eye: Left Right Bilateral Provider: Dr Sonia Moorthy
Hospital: * Select Option
<ul> <li>Additional Information:</li> </ul>

## **Signature Certificate**

Final Audit Report 2024-01-13

GUID: 23e9YizAciURXHhIPm33MBDD5

Created At: 2024-01-13 09:11:04 GMT

By: Eyehub(eyehub@gmail.com)

Status: Signed

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