

Informed Consent For Phacoemulsification + Intraocular Lens Procedure




Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Nationality	:	Other	Gender	:	Female
Doctor's Name	:	Ophthalmology Doctor	Date	:	2024-01-06

I, the undersignee Reshma Siya with file number 4, acknowledge that I have been informed with the following:

- As with all types of surgery, there is a possibility of complication due to anesthesia drug reaction or others.
- The complications include but are not limited to retinal detachment, dropped crystalline lens, or an eye infection (Endophthalmitis).
- The procedure is performed under local anesthesia. General anesthesia may be used instead in some cases. This will be decided in collaboration with the anesthesiologist.

By signing this informed consent form, I certify that I have read the preceding information and understand the content. The details of the procedure have been presented and explained to me by my Ophthalmologist. My Ophthalmologist has answered all my questions to my satisfaction and has discussed the risks, benefits, and alternatives of the procedure.

Hereby, I authorize my Doctor to perform Phacoemulsification + Intraocular lens procedure on my rereffffff eye/s:

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Doctor
		
Patient Name Reshma Siya Date 2024-01-06	Witness Name ererffff Date 2024-01-06	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-06