Informed Consent For Intravitreal Ozurdex Injection 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	:	Opthalmology Doctor	Date	:	2024-01-06

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

- The goal of the treatment is to prevent further loss of vision. Although many patients have regained vision, the medication may not restore vision that has been lost and may not ultimately prevent further loss of vision.
- Possible complications and side effects of the procedure include but are not limited to retinal detachment and bleeding. There is also a possibility of an eye infection (Endophthalmitis).
- As with all types of surgeries, there is a possibility of complications due to anesthesia, drug reaction, or others.

The above explanation has been read by/to me. The nature of my eye condition has been fully explained and the proposed treatment has been discussed. The risks, benefits, alternatives, and limitations of the treatment have been discussed with me. All my questions have been answered.

Hereby, I authorize my Doctor to administer Intravitreal Ozurdex Injection in my kgfrrr eye/s under local anesthesia at regular intervals as needed:

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 kgfrrr Date 2024-01-06	Doctor Name Opthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-06