

Informed Consent For Phacoemulsification + Intraocular Lens Procedure								
Patient Name	:	Alston Rebello		Emirates ID	:	784-1991-2906159-3		
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Alan Alfred	Date	:	2025-02-21

I, the undersignee Alston Rebello with file number 17, 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 eye/s:

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Doctor
		<div></div>
Patient Name Alston Rebello Date 2025-02-21	Witness Name yiyi Date 2025-02-21	Doctor Name Alan Alfred - Dental (15245565544445) Date 2025-02-21