




Informed Consent For Lasik/Lasek (Monovision with Residual) Procedure

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other	Gender	:	Male
Doctor's Name	:	Ophthalmology Doctor	Date	:	2024-01-08

I, the undersignee sai krishna with file number 8, acknowledge that I have been informed with the following:

- I may not get a full correction from my procedure and this may require further retreatment procedures.
- I might develop glare, a star bursting or halo effect, especially while driving at night.
- Keratoconus (Post Lasik Ectasia) is a possible complication which might necessitate Corneal Collagen Cross Linking in the future
- I may need glasses to refine my vision for some purposes including driving at night and other tasks that require fine detailed vision.
- I received monovision contact lens trial prior to the procedure.

Hereby, I authorize my Doctor to administer Intravitreal Eylea Injection in my fdfdf 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 sai krishna Date 2024-01-08	Witness Name dfdfdf Date 2024-01-08	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-08