Informed Consent For Pars Plana Vitrectomy 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	:	2024-02-16

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

- There is no guarantee that the surgery will improve my vision.
- Complications can happen right away or not until days, months, or years later. More treatment or surgery may be required to treat the complications.
- The complications include but are not limited to retinal detachment, cataract formation, bleeding, 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 Pars Plana Vitrectomy on my eye/s under local anesthesia:

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Doctor
		
Patient Name Reshma Siya Date 2024-02-16	Witness Name sdffdsf Date 2024-02-16	Doctor Name Opthalmology Doctor - Ophthalmology (Oph45) Date 2024-02-16

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