



Informed Consent For Surgical Act

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	:	2024-02-16

NAME : Reshma Siya
MR NUMBER : 4

BLEPHAROTOMY AND DRAINAGE OF ABSCESS

EXCISION OF CHALAZION DONE UNDER LA UNDER STRICT ASEPTIC PRECAUTIONS ON 2024-02-16 BY Ophthalmology Doctor.

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