

PATIENT LABEL HERE



Southern Eye Specialists

General Consent Form

You have been given information about your condition and the recommended procedure(s) to be performed. This consent form is designed to provide a written confirmation of the discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure(s).

1. Proposed procedure(s): I understand that the procedure(s) to be undertaken for my condition is/are:

2. Risks/benefits of proposed procedure(s):

Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks may include, but are not limited to:

- Bleeding
- Infection
- Scarring
- Repeat/secondary procedure
- Reduced vision
- Adverse side effects of drugs
- Other:

3. Complications; unforeseen conditions; results: I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s), unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorise such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

4. Acknowledgments: The available alternatives, potential benefits and risks of the proposed procedure(s) have been explained to me. As well as this, the likely result without such treatment and post-procedure care have also been explained to me. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers. As my vision could be altered, I understand I may not be able to drive until the Eye Specialist advises me, as per the post-procedure information, and will arrange for suitable transport and post-procedure support.

5. Consent to procedure(s) and treatment:

Having read this form and talked with the Eye Specialist, my signature below acknowledges that I voluntarily give my authorisation and consent to the procedure(s) described above by my Eye Specialist.

Patient signature (or person authorised to sign for patient)

Date

Treatment provider signature

Date

Southern Eye Specialists

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