

Dt:

WRITTEN INFORMED CONSENT

I have been informed in a language I best understand that my _____ has sustained _____ which requires surgery for _____ under extremely guarded visual prognosis.

I have been explained about the following complications of the surgery.

- Infections (Endophthalmitis, Panophthalmitis)
- Secondary Glaucoma
- Corneal Scarring
- Pthisis
- Secondary Cataract
- Need for ReSurgery
- Vitreous Hemorrhage
- Retinal Detachment
- Anesthesia related Complications

After knowing all these complications, I give my consent for Surgery.

Sign of Pt: _____
 Name: _____
 Address: _____

 Ph No: _____

Sign of Doctor: _____
 Name: _____
 Address: _____

 Ph No: _____

Sign of Relative _____
 Name: _____
 Address: _____

 Ph No: _____

Sign of Witness: _____
 Name: _____
 Address: _____

 Ph No: _____

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