Dt:

Dt:

WRITTEN INFORMED CONSENT

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I have been informed in a language I best understand that myas sustainedwhich			a language I best understand that my whi
equires surgery for		has sustainedwhi requires surgery for	
nder extremely guarded visual prognosis.		under extremely guarded visual prognosis.	
I have been explained about the following complications of the surgery.		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		Infections (Endophthalmitis, Panophthalmitis) Secondary Glaucoma Corneal Scarring Pthisis Secondary Cataract Need for ReSurgery Vitreous Hemorrhage Retinal Detachment Anesthesia related Complications	
After knowing all the	se complications, I give my consent for Surgery.	After knowing all thes	e complications, I give my consent for Surgery
Sign of Pt:	Sign of Doctor:	Sign of Pt:	Sign of Doctor:
Name:	Name:	Name:	Name:
Address:	Address:	Address:	Address:
Ph No:	Ph No:	Ph No:	
Sign of Relative	Sign of Witness:	Sign of Relative	Sign of Witness:
Name:	Name:	Sign of RelativeName:	Name:
Address:	Address:	Address:	Address:
Dh Mor	Dh No.		Dh No.