CONSENT FOR CATARACT SURGERY

Ph No:

Ph No:

CONSENT FOR CATARACT SURGERY I have been informed in best of my knowledge, in the language best understand I have been informed in best of my knowledge, in the language best understand that I have _____ which requires surgery _____ under guarded visual prognosis. that I have _____ which requires surgery _____ under guarded visual prognosis. I have been explained about the complications of Surgery like: I have been explained about the complications of Surgery like: -Anesthesia related Complication -Anesthesia related Complication -Retrobulbar haemorrhage -Retrobulbar haemorrhage -Perforation of globe -Perforation of globe -Subconjunctival haemorrhage -Subconjunctival haemorrhage -Oculocardiac reflex -Oculocardiac reflex -Spontaneous dislocation of lens -Spontaneous dislocation of lens -Operative Complications Like: -Operative Complications Like: -Rupture of Posterior Capsule -Rupture of Posterior Capsule -Posterior Loss of Lens Fragments -Posterior Loss of Lens Fragments -Posterior dislocation of IOL -Posterior dislocation of IOL -Suprachoroidal haemorrhage -Suprachoroidal haemorrhage -Acute postoperative endophthalmitis -Acute postoperative endophthalmitis -Delayed-onset postoperative endophthalmitis -Posterior capsular opacification -Delayed-onset postoperative endophthalmitis -Posterior capsular opacification -Anterior capsular contraction -Corneal oedema -Anterior capsular contraction -Corneal oedema -Retinal detachment -Retinal detachment -Cystoid macular oedema -IOL Related Complications like: -Cystoid macular oedema -IOL Related Complications like: -Posterior dislocation of IOL -Posterior dislocation of IOL -Malposition of IOL -Malposition of IOL After knowing all this complications, I give my consent for the above Surgery. After knowing all this complications, I give my consent for the above Surgery. Sign of Doctor:_____Name:____Address:_____ Sign of Pt:______ Name:_____ Address:_____ Sign of Doctor:_____ Name:_____ Address:_____ Sign of Pt:______ Name:_____ Address:_____ Ph No: ____ Ph No: Ph No: Ph No: Sign of Relative_____Name:____ Sign of Witness: Sign of Relative_____ Sign of Witness: Name:____ Address: Address:____ Address:____ Address:

Ph No:

Ph No: