

MINOR PROCEDURE CONSENT & TREATMENT

Date: _____

Name: _____

Preoperative Diagnosis: _____

Postoperative Diagnosis: _____

Procedure: _____

Topical Anesthesia: Medication _____ Amount _____ Site _____

Complications: _____

Indication(s): _____

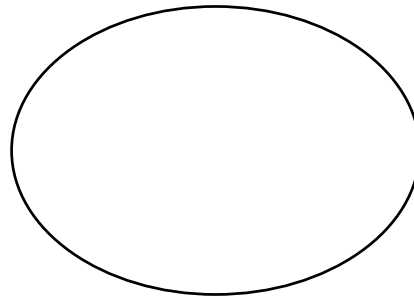
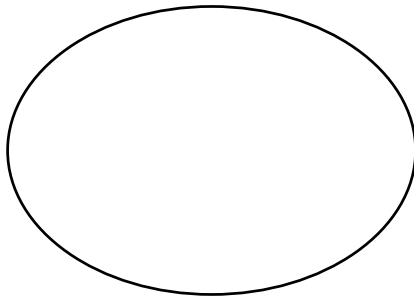
Consent:

I hereby authorize _____ to perform the indicated procedure on my RIGHT LEFT BOTH eye(s). The procedure, alternatives, risks and possible complications have been explained to me and I understand them. I acknowledge that no guarantee or assurance has been given to me as to the results that may be obtained.

Signature: _____ Date: _____

Witness: _____ Time: _____

Description of procedure:



The patient tolerated the procedure well and left in good condition. The postoperative instructions were given including the medications and activity level as well as a follow-up appointment.

Signature _____