

Peninsula Eye Surgery Center

Sample Consent for Surgery

1. Peninsula Eye Surgery Center maintains personnel and facilities to assist your physician(s) in their performance of various surgical operations and other special diagnostic or therapeutic procedures. These operations and procedures, as well as the administration of anesthesia, may all involve risks, unsuccessful results, complications, injury or even death, both from known and unforeseen causes. No guarantee is made as to results or cure. The physicians providing services to me are not agents or employees of the Peninsula Eye Surgery Center.

You have the right to be informed of such risks as well as the nature of the operation(s) or procedure(s); the benefits or effects of such operations(s) or procedure(s) and the available alternative methods of treatment and their risks and benefits. Except in cases of emergency or unforeseen circumstances, operations(s) or procedures(s) are not ordinarily performed until you have given your consent. You have the right to authorize or to refuse any proposed operation or procedure at any time prior to its performance.

2. The operation(s) or procedure(s) will be performed by (your doctor's name will be inserted here) together with associates, assistants, and/or anesthesiologists

Operations/Procedures: (your procedure will be inserted here)

3. Eye surgery and anesthesia involve the use of medication. Different individuals react differently to the same medication, and the state of their physical health influences the action of medicine. While all possible precautions will be taken, unforeseen reactions may occur. By signing this agreement, you verify your understanding and acceptance of the fact that certain hazards and risks are inherent in any surgical or anesthetic procedure and that complications may occur.
4. Your signature below constitutes acknowledgments that: (1) You have read and agreed to the foregoing; (2) The operation(s) or procedure(s) have been adequately explained to you by the above named physician/staff; (3) You have received all of the information you desire concerning such operation(s) or procedure(s), (4) You understand that you may receive a copy of this consent upon request, and (5) that you consent to the above named procedure(s) as well as the administration of anesthesia.
5. Your signature also constitutes authorization and consent, where appropriate, to: (1) The disposal or use by the above named physician or the pathologist of any tissues that may be removed during the operation(s) or procedure(s) set forth above; (2) The taking and publication of photographs or video in medical or scientific journals in which you cannot be identified for the purposes of advancing medical education; and (3) The admittance of qualified observers in the operating room for the purposes of advancing medical knowledge.

_____ (you will sign on the day of surgery)

Signature of (Patient / Parent / Conservator / Guardian)