

NAPLES PREMIER SURGERY CENTER

Ophthalmic Consent for Operation or Other Procedures

I hereby authorize Dr. Tran/Vu/Tyson and surgical assistants of choice to perform upon me the following operation(s)/procedure(s):

Cataract Extraction with Intraocular Lens Implantation of the Right/Left Eye

If any unforeseen conditions arise in the course of my operation(s)/procedure(s), I also authorize my surgeon to perform any additional operation(s)/procedure(s) that he deems advisable, in addition to or different from those now contemplated.

2. I hereby authorize Naples Premier Surgery Center, its medical and professional staffs, employees and agents to undertake the appropriate service and care necessary in conjunction with the above listed operation(s) in the course of alleviating my said condition or conditions.
3. I have been advised of and understand the nature and purpose of the operation(s)/procedure(s) described above. I have also been advised of and understand possible alternative methods of treatment, as well as the risks and complications involved with these operation(s)/procedure(s).
4. I have also been informed that in the performance of any surgical procedure there are general risks, such as corneal swelling, infection, hemorrhage and loss of vision, pneumothorax, cardiac arrest and death. I recognize that the practice of medicine is not an exact science and I acknowledge that no guarantees or assurances have been made to me concerning the result of the operation or procedure.
5. I consent to the administration of any anesthetics that may be deemed necessary or advisable by my surgeon or the physician responsible for administering the anesthetic agents. These agents may be in the form of intravenous, gas, local, regional or topical anesthetic agents.
6. The advantages and disadvantages of outpatient surgery have been explained to me. I realize that, following my surgery, admission to the hospital might be advised. I agree to admission if, in the opinion of my surgeon, such admission is advisable and in my best interest.
7. I agree that, prior to or during my surgery, my surgeon or her assistants may draw blood specimens. These blood specimens may be kept and sent to the laboratory, as various test are deemed necessary by my surgeon.
8. I authorize Naples Premier Surgery Center to dispose of any specimen or tissue taken from my body or to retain specimen (tissues) for whatever reason they deem appropriate.
9. I consent to the taking and publication or any photographs, motion picture or videotapes in the course of this operation for the purpose of advancing medical education, provided my identity is protected.
10. I consent to the admittance of qualified observers, such as nursing/medical students, technicians or otherwise authorized persons in the Operating Room for the purpose of medical education provided my confidentiality is protected. I also release Naples Premier Surgery Center and the attending physicians from any and all liability that may result from the observer's presence.
11. I am aware that, during the course of this admission an Advance Directive "Living Will" will not be honored.
12. I hereby give my consent for certain qualified persons to review my medical record. Such persons may include, but not limited to, state, federal and accreditation surveyors, risk management consultants, third party carriers, and quality improvement staff.

I certify that I have read and fully understand the above consent form, that the explanation therein referred to were made and that all blanks or statements requiring insertion or completion were filled in and inapplicable paragraphs requiring insertion or completion were filled in and applicable paragraphs, if any, were stricken before I signed.

Patient Signature: _____ Date & Time: _____

Witness: _____ Date & Time: _____

If other than patient, please indicate relationship _____ and reason

Physician Signature: _____ Date & Time: _____

Patient Name:

DOB: