

ESSEX SPECIALIZED SURGICAL INSTITUTE
CONSENT FOR SURGERY AND ANESTHESIA

_____ is scheduled for outpatient surgery at the Essex Specialized Surgical Institute.

Name of Operation: _____
Right Eye ____ Left Eye _____ Surgeon: _____

The advantages and disadvantages of outpatient surgery have been explained to me and I understand them. I realize that following my operation, admission to a hospital might be necessary. I agree to be admitted to the nearest hospital if my doctor decides it is necessary. I authorize the release of any medical records pertaining to this transfer. I consent to the release by the hospital to Essex Surgical Institute of any resulting hospital medical records pertaining to my hospital admission.

I am aware that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand complications are rare, but may include irritation, pain, double vision, drooping lid, reoccurrence, increased tearing, scarring, cornea problems, decrease in visual activity, uveitis, retinal detachment, infection, loss of vision, or eye and other complications which may not be listed. My doctor has informed me of the reasons for my surgery, and the important risks, benefits and alternatives to the surgery, including any risks and benefits of these alternatives.

My doctor may order medication that is FDA-approved, but is being prescribed for use in circumstances for which specific approval by the FDA has not been obtained. In any such case, I have been informed that there is valid scientific evidence for using the medications ordered by my doctor.

I consent to the administration of anesthesia under the direction of the surgeons or anesthesiologists associated with the Essex Specialized Surgical Institute, and disposal of any tissues that are removed surgically.

I hereby consent to the proposed operation and the administration of the necessary preoperative and post operative medications. I realize that, following administration of medication or anesthesia, my mental alertness may be impaired for several hours. I will not make any decisions or participate in any activities that depend on full mental alertness during that time, following surgery, I will not drive myself home or use public transportation.

I consent to the admittance of observers, photographing or televising of the operation or procedures to be performed including appropriate portions for advancing medical education, provided my identity is not revealed by the pictures or descriptive tests.

In the unlikely event that I have been involved in what the Occupational Safety and Health Administration (OSHA) calls an "exposure incident" in which an employee has been exposed to my blood or body fluids, I consent to allow my blood to be tested for pathogens including but not limited to HIV, Hepatitis B, or Hepatitis C. I understand that test results will be made available to me, will be used only to determine necessary treatment for the exposed employee, will be kept confidential, and will be completed at no cost to me.

I have been informed whether my doctor has a financial interest in the Essex Specialized Surgical Institute. If so, understand that I may elect to seek treatment at an alternative health care facility. A listing of these facilities can be found in the classified section of the telephone directory.

To the best of my knowledge, all answers to the questions I have been asked are true and I have not withheld any information.

I have been made aware of the Patient Bill of Rights and was given a copy, and offered information on advanced services.

 X

Signature of Patient/Guardian

Date

 X

Witness

I have obtained an informed consent from the above patient prior to the date of surgery. I have described to the patient or the patient's representative the indications of the surgery, and the material risks, benefits and alternatives to the surgery, including any risks and benefits of these alternatives, and the expected discharge prognosis.

Surgeon