

Patient Name _____

Date _____

You have the right to be informed about your condition and the recommended minor surgical procedure. Knowing the risk and benefits involved will help you to make a decision on whether or not to have the recommended procedure.

PRE-OPERATIVE DISCUSSION: PARQ

Procedure Discussed _____ Initials

Alternatives Discussed _____ Initials

Risks Discussed _____ Initials

Questions Answered _____ Initials

Doctor _____

I (we) _____ (print name) voluntarily request

the above named doctor to treat my eye disease or eye injury. This has been explained as:

The recommended procedure, alternatives to the procedure, risks associated with the procedure, possible complications from the procedure, and the risks of non-treatment have been explained to me and I understand them.

1. I (we) have been given an opportunity to ask questions about my eye disease or eye injury.
2. I (we) understand that no guarantee or assurance has been made as to a result or cure.
3. I (we) understand that there is a small but real possibility of blindness as a result of this recommended procedure.
4. I (we) voluntarily consent to and authorize the doctor to perform this procedure.

Amniotic membrane placement

Foreign body removal

Closure of lacrimal punctum

Probing of lacrimal canaliculi

Correction of trichiasis

Probing of the nasolacrimal duct

Dilation of lacrimal punctum

Removal of epithelium

Patient's Signature _____

Date _____

Witness _____

Time _____