CONSENT TO VAG LASER TREATMENT

I, the undersigned ...... ............................ hereby agree to undergo YAG laser treatment on my .......... .. ...... eye as explained to me by Dr ................. ....... ...... ..

Dr ..................................... explained to me that laser capsulotomy/peripheral

Irodotomy/laser of a vitreous strand/cyclodestruction is being planned.

I understand that the procedure can be performed without anaesthetic or under local anaesthetic.

The potential complications of the procedure were explained to me. These include, but are not limited to collateral damage eg. To the lens or cornea, retinal breaks and retinal detachments, increased vitreous floaters, uveitis, marking of the intra-ocular ("pitting") and chemosis.

I accept the risks associated with the procedure and I understand that reasonable care will be taken to avoid complications. In case of a complication I hereby give permission for the appropriate treatment thereof.

I declare that no undue pressure and I or influence were exerted on me to grant this consent or to sign this document and that I was aware during both the explanation and signing.

Signed at \_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_\_\_ day of \_\_\_\_\_ 20