



Our Focus Is On You

Informed Consent for Immediate Sequential Bilateral Cataract Surgery

Please review the following information carefully and let us know if you have any questions or concerns.

IMMEDIATE SEQUENTIAL BILATERAL CATARACT SURGERY.

My ophthalmologist (eye physician and surgeon) has determined that I have cataracts in both eyes. I would like to have the surgery done on both eyes on the same day.

I understand that I may have vision-threatening complications such as infection in one or both eyes. These complications could lead to loss of vision or even blindness in one or both eyes. My doctor will take steps to reduce the risk of complications, especially infection, in each eye.

I AM WILLING TO ACCEPT THE RISK OF EYE COMPLICATIONS IN ONE OR BOTH EYES.

X _____
Patient (or person authorized to sign for patient)

Date