The Center for Eye Care & Cosmetic Surgery, MC
Diseases and Surgery of the Eye, Lids, Orbit, and Lacrimal System
Facial Aesthetic Surgery
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Consent for Laser treatment of the Retina

I hereby authorize Dr. Sastry to perform the Argon laser photocoagulation on the retina of my _____eye. I understand that the purpose of this procedure is to apply laser spots to the retina in an attempt to improve the health of my retina. In cases that involve leakage from the retinal blood vessels, the intent of the laser is to help reduce the swelling of the retina, which occurs with such leakage. In cases that include the formation of new blood vessels, the intent of the laser is to produce regression of new blood vessels to get them to shrink and go away.

Laser treatment of the retina always involves focal destruction of some parts of the retina. I understand that this is necessary to bring about the intended effect. Because of the nature of these diseases, I understand that it is possible that my condition may not be improved by the laser treatment; it is even possible that my vision may become worse than it is now. Because of these facts, Dr. Sastry can make no guarantee as to the results of this laser treatment. It is likely that additional laser treatments maybe required because of the nature of my retinal disease.

The Doctor will utilize numbing eye drops or may need to numb my entire eye with an injection of an anesthetic. The procedure may cause some discomfort during and after the laser treatment Although unlikely, it is possible that the laser cold treat unintended ocular structures such as the optic nerve, large blood vessels, the cornea, or the natural lens of the eye. Any of these inadvertent laser spots could lead to a decrease in my vision.

I understand the nature of the procedure, alternatives, and the risks of this treatment. I have had my questions concerning this particular type of laser treatment answered to my satisfaction.

_____ _____
Patient Name (print) **Patient Signature**

_____ _____
Witness **Date of Treatment**