



ADVANCED SURFACE LASER

PATIENT CONSENT FORM

1. I understand that I am a candidate for the Advanced Surface Laser procedure (**the procedure**), a form of laser vision correction, in which a surgeon will use an excimer laser to reshape the cornea of my eye(s).
2. I understand that Dr Ilan Sebban, of the Sebban Eye Centre, will perform the procedure on the _____ day of _____ 20____
3. I understand that the procedure will be performed on my left eye / my right eye / both eyes (please delete as applicable).
4. I have read the *Information Package for Laser Vision Correction (Advanced Surface Laser)* provided to me by the Sebban Eye Centre.
5. I have been informed of the potential benefits and potential side effects, risks and complications of the procedure in terms that I can understand.
6. I understand that the procedure is an elective surgery and that my refractive error may be treated by alternative means, such as prescription glasses.
7. I understand that the procedure may not eliminate the need for corrective lenses and that there is a possibility that I may need to wear prescription glasses or contact lenses for certain activities, such as reading or driving, even if I did not require them before the procedure.
8. I have been advised that following the procedure there is a possibility my vision may not be as clear or sharp as it was with prescription glasses or contact lenses.
9. I understand that following the procedure I may experience side effects such as sensitivity to light, glare, haloes and/or starbursts around illuminated objects, pain, discomfort, itchiness, dry eyes, increased intraocular pressure, blurry vision and/or fluctuations in vision. I acknowledge that it is impossible to predict how long these effects may last, as it varies with the individual.
10. I understand that there are potential risks and complications in undergoing the procedure, both known and unknown, such as infection, under or over correction, corneal haze, corneal ectasia, chronic dry eyes, loss of best corrected vision, regression in vision, equipment malfunction, hemorrhage, partial or total blindness, delayed healing and other risks and complications that could effect my vision or general health.

INITIALS _____

11. I understand that the procedure does not correct certain vision problems, including but not limited to; cataracts, strabismus, amblyopia, presbyopia, glaucoma and retinal degeneration.
12. I understand that there are oral sedatives, analgesics and topical treatments associated with the procedure, including the application of Mitomycin-C.
13. I understand that following the procedure I will require certain post-operative care and am expected to return to the Sebban Eye Centre 3-4 days after the procedure for an initial post-operative assessment.
14. I acknowledge the further post-operative assessments are recommended 10-14 days and 6-8 weeks after the procedure. I understand that these post-operative assessments will be undertaken at the Sebban Eye Centre and are included in my payment for the procedure.
15. I understand that if I am unable to attend the Sebban Eye Centre for post-operative assessments and choose to make alternative arrangements with another health care professional this will be at my own expense.
16. I understand that my surgeon may elect to stop the procedure and perform additional medical procedures which may be necessary due to medical complications or an emergency.
17. I authorise the Sebban Eye Centre to use data about my procedure for research and statistical purposes. In doing so, I understand that my name and personal information will remain confidential.
18. I declare that at the time of completing this *Consent Form for Advanced Surface Laser* I am not under the influence of any sedative, recreational drug, alcohol or other medication which may alter my state of mind.
19. I declare that I am not pregnant or nursing and understand that pregnancy could adversely affect the outcome of the procedure.
20. Neither my Orthoptist, Optometrist or Surgeon, nor any member of the Sebban Eye Centre, has made any promises, warranties or guarantees as to the success or effectiveness of the procedure and my decision to undertaken the procedure has been made without duress.

INITIALS _____



21. Prior to completing this Consent Form for Advanced Surface Laser I have been given the opportunity to ask any further or outstanding questions about the procedure and am satisfied that all of my questions have been addressed.
22. I understand that by signing this Consent Form for Advanced Surface Laser where indicated below, I authorise and consent to the procedure, and any additional medical procedures (as necessary), being performed.

Name of Client _____

Address of Client _____

Date of Birth _____

Signature of Client _____

Name of Witness _____

Signature of Witness _____

Date _____ Time _____

INITIALS _____