

OPERATION CONSENT FORM

I, _____ hereby request Dr Khurana and her designated assistants to perform the operation of **right/left** cataract extraction and intra-ocular lens implantation/_____
on_____. If, during the course of this operation any unforeseen condition arises which calls for procedures in addition to or different from those now contemplated, I further request and authorise her to do whatever she deems advisable and necessary under the circumstances. I have had the operation explained to my satisfaction. I also consent for my operation to be recorded.

Signed _____

Relationship to patient/self _____

Witness _____

Date _____

Office use only	Forms Completed:
Admit _____	1. CON 5. Q
Discharge _____	2. O.I. 6. H.F.
Clinical	3. O.C. 7. H.F.F.
Wound	4. A.D.