



Leaders in Eye Care

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Minor Surgical Procedure Informed Consent

I, _____, voluntarily request

That Dr. _____ treats my condition, which

Has been explained to me as _____. I hereby give my

consent for the following minor surgical procedure: _____

_____.

The risks and hazards of this procedure have been explained to me, including the possibilities of infection, bleeding, recurrence of the condition and scarring.

Patient Signature

Date

Witness

Date