



Leaders in Eye Care

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## Patient Consent Form – Cornea Flap Lift

This information is given to you so that you can make an informed decision about having your corneal flap lifted. Please take as much time as you wish to make your decision about signing this informed consent. All your questions concerning any procedure / operation should be answered before agreeing to have the procedure / operation. Signing this informed consent indicates that you have had ample opportunity to ask any such questions.

**INDICATIONS:** Your cornea has a flap created during your previous LASIK procedure. Upon rare occasion, your doctor may be required to lift the flap for the purpose of repositioning the flap, elimination of flap stria, removal of debris, removal of epithelial ingrowth, evacuations of infection or other indications deemed appropriate by your doctor.

**ALTERNATIVES:** In certain cases (infections excluded) you may have the option of not having your flap lifted. Your case should be fully discussed with your doctor to see if this is applicable to you.

**RISKS:** No eye procedure / operation is 100% safe or 100% effective. Complications from lifting your flap can and do occur. Fortunately, serious complications are rare and minor complications are uncommon, but can occur. These risks and complications include but are not limited to infection, bleeding, over or under correction, cosmetic deformity, loss of vision (temporary and permanent), loss of eye, distortion of vision, double vision, glare, halos, starburst, pain, and blurred vision that can not be completely corrected with glasses and/or contact lenses. Extremely rare complications could include reactions to anesthetics and medications including cardiac arrest and death.

**BENEFITS:** Benefits of lifting your corneal flap include but are not limited to correction of vision, reduction or elimination of distortion / double vision, removal of corneal flap stria, elimination of debris, elimination of infection and reduction or elimination of epithelial ingrowth.

As with all surgical procedures, this informed consent is not exhaustive and complications or side effects may exist that have not yet been determined. All of my questions have been answered to my complete satisfaction and a copy of this informed consent has been offered to me.

### BELLAIRE

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### THE WOODLANDS/ CONROE

690 South Loop 336 West  
Suite 205  
Conroe, TX 77304  
**713.797.1010 p.**  
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I, \_\_\_\_\_ have read and agree with the above stated informed consent  
and desire Dr. \_\_\_\_\_ to perform a cornea flap lift on my

RIGHT EYE

LEFT EYE

BOTH EYES (circle one)

Patient signature: \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_