



LASIK VISION

INSTITUTE OF THE VALLEY

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GENERAL CONSENT FOR LASER VISION CORRECTION PROCEDURE

You have been given information about your laser vision correction procedure. This consent form is designed to provide a written confirmation of such discussions.

- 1. Condition:** Dr. _____ has explained to me that the following condition(s) exist in my case: _____

- 2. Proposed Procedure:** I understand that the procedure proposed for treating my condition is _____
_____ Right eye _____ Left eye _____
- 3. Risks/Benefits of Laser Vision Correction:** Just as there may be benefits to the procedure proposed, I also understand that medical and surgical procedures involve risks. These risks were explained to me by Dr. _____
- 4. Results:** I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.
- 5. Acknowledgments:** The available alternatives and the potential benefits and risks of the proposed procedure have been explained to me. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.
- 6. Consent to Procedure and Treatment:** Having read this form and talked with the physicians, my signature below acknowledges that: I voluntarily give my authorization and consent to the performance of the procedure described above by my physician and/or his/her associates assisted by other trained persons. I further consent to the administration of such anesthetics and medication as might be considered necessary or advisable by my physician.

Patient (or person authorized to sign for patient)

Date

Witness

Date