

Consent for Surgery, Anesthetics and Other Medical Services

I consent to the performance of the following operations or procedures:

to be performed by Viet H. Ho, MD and whomever he may designate as assistants.

I consent to the performance of the operation(s) and procedure(s) in addition to or different from those now contemplated, whether or not arising from presently unforeseen conditions, which the above named doctor or his associates or assistants may consider necessary or advisable in the course of the operation.

I consent to the administration of such anesthetics as may be considered necessary or advisable to the physician.

I consent to the disposal of any tissue or parts that may be removed.

The nature and purpose of this operation, possible alternative methods of treatment, the risks involved and the possibility of complications such as infection, excessive hemorrhage, complications related to anesthesia, hypotension, respiratory depression, issues of poor wound healing, disfigurement, poor cosmesis, nerve injury, asymmetry, the need for further intervention, and problems during or after surgery that could even cause poor vision, double vision, loss of vision or loss of eye have all been fully explained to me. No guarantee or assurance has been given by anyone as to the results that may be obtained.

I consent to having my photographs taken and I am aware that they may be published in medical journals and/or shown for scientific reasons or for patient education.

Patient Signature

Date

Witness / Translator

Date