

Dayton Eye Associates

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Patient Name: _____ **Surgery Date:** _____
(Please print) (mm/dd/yy)

**STATEMENT OF VOLUNTARY PARTICIPATION:
CATARACT SURGERY**

By signing this consent form, I acknowledge the following:

- I have read the pamphlet "Cataract Surgery," published by the American Academy of Ophthalmology.
- Cataract and/or intraocular lens implantation surgery has been fully explained to me, in terms that I understand.
- I understand the possible risks/complications that can result from cataract surgery, including loss of corneal clarity, infection, inflammation, iris atrophy, glaucoma, bleeding in the eye, dislocation of the intraocular lens, a thicker glasses prescription, retinal detachment, total loss of vision or loss of the eye.
- I understand that it is impossible for the doctor to inform me of every possible complication that may occur, and that the results of surgery cannot be guaranteed.
- I have had the opportunity to ask any questions pertaining to this surgery and have had my questions answered to my satisfaction.

Please sign for the following procedure (marked below):

_____ I wish to have a cataract operation with an intraocular lens implant: R L eye.

_____ My cataract was previously removed. My doctor has informed me that my eye is medically acceptable for lens implantation; therefore I wish to have an intraocular lens implant.

Patient Signature

Date

**PLEASE SIGN THIS FORM AND RETURN IT TO OUR OFFICE
BEFORE YOUR SURGERY.**