**This form is intended as a sample. It does not constitute the standard of care nor does it provide legal advice. It contains the information OMIC recommends the surgeon personally discuss with the patient.**

**How to use this sample**

* Please modify it to fit your actual practice.
* **Remove this instruction box.**
* Add your letterhead to the first page of the consent form.
* Change font size if necessary.

**After the patient signs the form**

* Give the patient a copy of the signed form.
* Send a copy to the hospital or surgery center as verification that you have obtained informed consent.
* Keep the original in the patient’s medical record.

**Version** 10/08/2014

**ADDENDUM FOR**

**BILATERAL SAME DAY REFRACTIVE LENS EXCHANGE SURGERY**

**This addendum is to be used in conjunction with the consent form “Informed Consent for Refractive Lens Exchange”. Do not sign this addendum without first reading and signing “Informed Consent for Refractive Lens Exchange.”**

**Risks:**

Having both refractive lens surgeries done on the same day may increase the consequences of having vision-threatening complications such as infection, swollen corneas, swollen retinas, retinal detachment. Instead of vision impairment or loss in one eye, it could lead to loss of vision or even blindness in both eyes. In addition, the planned visual outcome may not be as precise since my doctor won’t have the advantage of knowing the results from the first eye RLE surgery, and altering the surgical approach or IOL power accordingly.

If the complication happens during surgery, your surgeon may need to perform another surgery right away to treat it. Your surgeon may discover a new condition or problem for the first time during the surgery. The surgeon may need to change the plan for surgery to treat this problem or condition right away.

**Benefits:**

Having both refractive lens surgeries done on the same day reduces the risks for me of having anesthesia twice, inconvenience and problems associated with anisometropia, which can make it hard to see well between surgeries scheduled days or weeks apart.

**Discussion:**

My doctor has determined that I am a candidate to have refractive lens exchange in both eyes. If I choose to have same day refractive lens exchange surgery, my doctor has discussed certain steps he will take to reduce the risk of complications, especially infection, in each eye.

My personal reason(s) for choosing to have bilateral same day refractive lens exchange surgery are as follows:

PATIENT’S ACCEPTANCE OF RISKS

Your signature on this document means:

* You have read it (or it has been read to you) and you understand this information.
* You have been offered a copy of this document.
* Your doctor has answered your questions to your satisfaction.
* You consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (procedure) on your \_\_\_\_\_\_\_\_\_\_\_\_ eye (state “left”, “right”, or “both eyes”)

By signing below, I am indicating my willingness to accept the possible increased risk of eye complications of bilateral same day refractive lens exchange surgery.

Patient Name Date

By signing below, I am confirming that I have discussed with \_\_\_\_\_\_\_(patient name)\_\_\_\_ the risks and benefits surrounding bilateral same day refractive lens exchange surgery.

Physician Name Date