**This is a sample form; review and revise as needed.**

**Remove this section.**

**Change font size for large print if needed.**

**Version 3/6/20**

**Addendum for same day bilateral intravitreal injections**

You have an eye condition in both eyes. This eye condition is treated with intravitreal injections. You have asked to have injections in both eyes on the same day.

The injection and the medication both have risks (problems) that can happen. Some problems can cause vision loss. You could have problems in neither eye, one eye, or both eyes after the injections. If you have serious problems in both eyes, you could lose vision in both or go blind in both.

Your ophthalmologist will take steps to reduce the risk of infection and other problems in each eye.

**By signing below, you consent (agree) that:**

* I would like to have injections in both eyes on the same day.
* I was told that I could have serious problems and lose vision in both eyes.
* I am willing to accept the possible increased risk of vision loss.

Patient (or person authorized to sign for patient) Date