
CONSENT FOR USE OF SERUM EYE DROPS

REASON FOR ISSUE: New form for consenting Serum Eye Drops.

I, _____ (Name of Ophthalmologist giving information to patient) have given and explained information in relation to the use of serum eye drops to

_____ (Person receiving the information)

This information included the:

- Indication for serum eye drops
- Dosage and frequency of use
- Proposed length of treatment
- Potential side effects of serum eye drops

I have also offered the patient the opportunity to ask questions and where questions have been asked I have answered them appropriately and to the best of my ability.

Signature of Ophthalmologist

Date

PATIENT CONSENT

If there is anything that you don't understand about the explanation or if you want more information, please ask before signing this form. You must also read the information leaflet on serum eye drops before signing.

I _____ (name of person giving consent) have been provided with sufficient information in relation to the use of serum eye drops. I have been given the opportunity to ask questions and my questions have been satisfactorily answered.

I consent to the use of serum eye drops.

I give this consent for myself/for _____ who is my _____

Signature (Person giving consent)

Date

Note: This consent is for first time use of serum eye drops.