Last treatment

CONSENT FOR EYE INJECTION
Date of Procedure [redacted]/16

Dr. [redacted] has recommended an injection of intraocular (inside the eye) medication. He has discussed the reasons for this procedure and alternative treatments including no treatment at all. He has also discussed the risks and potential benefits of this procedure with me including, but not limited to infection, intraocular pressure rise (glaucoma), cataract formation, retinal detachment, and hemorrhage. Other complications of risks include failure of my vision to improve, permanent loss of vision, and loss of the eye. Some of these complications may result in the need for surgery or long term medical care.
I, JAMES McQUEENEY, hereby give consent for Dr. [redacted] to perform the following procedure:

Type of Injection: ___Intraocular ___ Intravitreal ____ Anterior chamber
__✓Transeptal
___ Subconjunctival
___ Retrobulbar
___ Antibiotic Name: _____

Medication Type: ___ Eylea
___ Avastin
___Triessence
___ Ozurdex
__✓Kenalog
___ Lucentis .3mg ____ or .5mg _____
___ Jetrea
_____Other_____

Eye: __✓__ Right ____ Left

I have read and fully understand the consent form. I have been given the opportunity to ask questions concerning the procedure and they have been answered to my satisfaction.

Patient Signature [redacted]

Witness _____

Date [redacted]/16 Time 4:00 PM

I acknowledge that the nature of this medical procedure, possible alternative methods of treatment, risks and the possibility of complications were explained to the patient and/or his/her representative by me before patient consented.

Physicians signature [redacted]