



St. Vincent Eye Surgery Medical Center

Eyelid Consent

(A) I acknowledge and understand that the following procedures(s) which has (have) been described to me is (are) to be performed on the patient at St. Vincent Surgical Center (the "Facility")

(B) Pregnancy Testing: If the Patient is female and unless I opt out below, I request and consent to the Facility performing a urine pregnancy test, as part of the Facility's routine pre-operative lab work due to the possible risks of anesthesia and certain medications on an unborn fetus, including birth defects and miscarriage. I understand a urine pregnancy test is generally accurate, but no pregnancy test is 100% reliable, and there is a possibility this test could miss an early pregnancy or have a false positive result. If the Patient believes she might be pregnant, it is her responsibility to notify her attending physician and anesthesiologist before any medication or anesthesia is given.

(C) DNR (Do Not Resuscitate) Order:

If I have consented to a do not resuscitate order ("DNR"), I UNDERSTAND AND ACKNOWLEDGE THAT my consent to a DNR order is temporarily suspended/canceled while I undergo any elective, invasive, interventional and/or operative procedure performed at this Facility. I WILL BE RESUSCITATED. This temporary suspension (cancellation) of a DNR order will remain in effect until I am discharged from the facility or transferred to a higher level of care.

(D) Photographs: I consent to the taking and publication of any photographs in the course of this operation for the purpose of treatment and/or medical education.

(E) Human Immunodeficiency Virus (HIV) and Hepatitis Testing; I understand that in the event a health care worker sustains a significant exposure to my blood or body fluids, I may be asked to undergo testing for HIV, the virus that causes AIDS, and/or hepatitis. The results of any test will be confidential and will be treated in accordance with applicable state and federal law.

(F) No Guarantees: I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees or promises have been made to me as to the results of the care and treatment which I have hereby authorized.

(G) Use/Disposal of Tissue: I hereby authorize the Facility to retain, photograph, preserve, and use for scientific or teaching purposes, or dispose of at its convenience any specimens or tissues taken from my body during my procedure or treatment. Specimens or tissues removed may be sent to a laboratory for further testing or examination by pathologist.

(H) I consent to the administration of anesthesia as required for the surgery. Should I have any questions regarding this, I will have the opportunity to discuss them with the anesthesiologist prior to surgery.