

General Consent for Oculoplastic Surgery

I, _____, authorize Tamara R. Fountain, M.D., to perform

- I have a pacemaker: (circle one) NO YES I take blood thinners: NO YES _____ Initial

- I understand that taking blood thinners before any surgery will increase my risk of bleeding complications. If I take blood thinners, I have circled or written them in below:

Aspirin / Exedrin / Ecotrin Warfarin(Coumadin), Clopidogrel(Plavix), Pradaxa,
Eliquis, Xarelto, Motrin(Ibuprofen) Advil, Aleve (Naproxen), fish oil/omega c 3
Other _____

_____ Initial

- I understand that surgery may involve shots near the eye to numb the area and risks of these shots include: perforation of the eyeball, damage to optic nerve or retina, difficulty breathing or loss of blood pressure, and loss of vision.
- I understand sedation or general anesthesia entails additional risks including, but not limited to, allergic reactions, respiratory collapse, blood clots or even death.
- The nature and purpose of the surgical procedure, alternatives and risks have been explained to me by Dr. Fountain. I acknowledge that no guarantee or assurance has been made as to the final result. I understand the following complications could occur weeks, months or even years later:

Loss of vision, double vision, bleeding, infection, poor healing or skin loss, painful or unsightly scarring, development or worsening of tearing and dry eyes, nerve damage, numbness, or tingling, eyelid malposition or asymmetry, failure to solve or possible aggravation of problem, need for additional surgery or other treatment

- **For procedures performed in the office, I have been advised to consider arranging transport home by a friend or family member as I may not feel comfortable driving after my operation.**

I have had all my questions answered. I hereby acknowledge that I understand and agree to the above.

Patient _____ Date _____