

# Procedure Risks

Patient Name \_\_\_\_\_

## Eye Treatments and Procedures

### LIST A

Procedures requiring full disclosure. The following treatments and procedures require full disclosure by the physician or health care provider to the patient or person authorized to consult for the patient.

#### Eye muscle surgery

1. Additional treatment and/or surgery.
2. Double vision.
3. Partial or total loss of vision.

INITIALS	
PATIENT	WITNESS

#### Surgery for cataract with or without implantation of intraocular lens.

1. Complications requiring additional treatment and/or surgery.
2. Need for glasses or contact lenses.
3. Complications requiring the removal of implanted lens.
4. Partial or total loss of vision.

INITIALS	
PATIENT	WITNESS

#### Retinal or vitreous surgery

1. Complications requiring additional treatment and/or surgery.
2. Recurrence or spread of disease.
3. Partial or total loss of vision.

INITIALS	
PATIENT	WITNESS

#### Corneal surgery, such as corneal transplant, retractive surgery and pterygium.

1. Complications requiring additional treatment and/or surgery.
2. Possible pain.
3. Need for glasses or contact lenses.
4. Partial or total loss of vision.

INITIALS	
PATIENT	WITNESS

#### Glaucoma surgery by any method.

1. Complications requiring additional treatment and/or surgery.
2. Worsening of the glaucoma.
3. Pain.
4. Partial or total loss of vision.

INITIALS	
PATIENT	WITNESS

#### Removal of the eye or its contents (enucleation or evisceration).

1. Complications requiring additional treatment and/or surgery.
2. Worsening or unsatisfactory appearance.
3. Recurrence or spread of disease.

INITIALS	
PATIENT	WITNESS

#### Surgery for penetrating ocular injury, including intraocular foreign body.

1. Complications requiring additional treatment and/or surgery, including removal of the eye.
2. Chronic pain.
3. Partial or total loss of vision.

INITIALS	
PATIENT	WITNESS

#### Reconstructive and/or plastic surgical procedures of the eye and eye region, such as blepharoplasty, tumor, fracture, lacrimal surgery, foreign body, abscess, or trauma.

1. Worsening or unsatisfactory appearance.
2. Creation of additional problems such as:
  - a. Poor healing or skin loss.
  - b. Nerve damage.
  - c. Painful or unattractive scarring.
  - d. Impairment of regional organs, such as eye or lip function.
3. Recurrence of the original condition.

INITIALS	
PATIENT	WITNESS

#### Photocoagulation and/or cryotherapy.

1. Complications requiring additional treatment and/or surgery.
2. Pain.
3. Partial or total loss of vision.
4. Retinal detachment.

INITIALS	
PATIENT	WITNESS

## List B Procedures

#### Procedure \_\_\_\_\_

INDICATE PROCEDURE ON LINE(S)

No risk assigned by the Texas Medical Disclosure Panel

INITIALS

PATIENT	WITNESS

### WITNESS SIGNATURE IDENTIFICATION

INITIAL	SIGNATURE