

*Patient label*

## Declaration of consent

for Lucentis- or Eylea injection

Eye  right eye  left eye  both eyes

For the treatment of  wet age-related macular degeneration macular  
 oedema with vein occlusion diabetic macular  
 oedema  
 neovascularisation with high myopia (only Lucentis)

Anaesthesia: topical anaesthetic

### Please answer the following questions:

1. Do you suffer from high blood pressure?  Yes  No

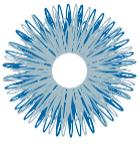
2. Do you suffer from diabetes mellitus (elevated blood sugar)?  Yes  No

3. Are you aware of any other disorders of important organs (e.g. heart, kidney, lungs, liver, thyroid, nervous system?)  Yes  No

Which? \_\_\_\_\_

4. Do you have an infectious disease? (e.g. hepatitis, AIDS)?  Yes  No

5. Do you regularly take anticoagulant medication?  Yes  No



6. Do you have any allergies?

Yes  No

What are they? \_

7. Are you pregnant/could you be pregnant, planning to  
become pregnant or breastfeeding a child?

Yes  No

- I have read and understood the patient information leaflet. My questions regarding Lucentis or Eylea and its injection into the vitreous, including any necessary additional measures, have been answered satisfactorily.
- I have been informed about special circumstances/possible complications, also about the need for regular check-ups, the possible lack of the desired success, deterioration of vision and progression of the disease despite treatment.
- I agree to further Lucentis or Eylea injections if they prove to be necessary in the future and I have had the opportunity to decide against them at the appropriate time after consulting with Dr Stemmler.

The undersigned patient hereby declares that they have understood the explanations given overleaf and that they have also been informed by a physician about the procedure.

I have had enough opportunity to clarify any uncertainties with Dr Stemmler.

I feel that I have been sufficiently informed about the nature of the procedure and I confirm with my signature that I agree to the use of Lucentis or Eylea.

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Place, date

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Patient's signature