



Declaration of consent

for an intravitreal Ozurdex implant

Eye right eye left eye

Anaesthesia topical anaesthetic retrobulbar anaesthetic

intubation anaesthetic infiltration anaesthetic

For the treatment of: _____

This patient information leaflet is intended to explain the surgical procedure to you and to make you aware of the possible adverse consequences which, however, occur only in very rare cases.

Please read it carefully or have someone read it to you. If anything is unclear, please ask before consenting to the operation.

The operation has been explained to me. I consent to the operation being carried out in a modified form if the need arises during the procedure, without my having to be informed about any necessary modifications again beforehand and the operation therefore having to be aborted. Accordingly, I agree with any unforeseeable, necessary additional measures during treatment.

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 Stemmle.
I feel that I have been sufficiently informed about the nature of the procedure.

Place, date

Patient's signature