AUTHORIZATION AND CONSENT FOR SURGICAL PROCEDURE

I, the undersigned, hereby authorize and consent to the performance by ______________________________
Surgeon's Name

upon ____ the following surgical procedure:
Patient's name
____ on my RIGHT / LEFT eye (please circle), together with all attendances and other medical procedures related thereto, beginning on or about ______________________________.
Date

I have been informed by my surgeon and the TLC Laser Eye Center staff and understand the following, the details of which are outlined on the attached applicable Risk Factor sheet that I have fully reviewed:

1. the nature, purpose, and gravity of the above procedure;
2. the probable discomforts, material and probable risks, possible risks with grave consequences, special and unusual risks, potential side effects and complications of the procedure;
3. the advantages, disadvantages, risks and probable complications of any alternative procedure;
4. The reasonable benefits obtainable by this procedure and the likelihood of success but acknowledge that no guarantee or assurance can be given as to the results that may be obtained and that it is impossible to identify every possible complication.

I also authorize and consent to:

1. such additional or alternative procedure, which may be found to be immediately necessary in the professional judgment of the physicians present during the performance of this procedure;
2. the attendance of observers and commentators during this procedure for educational, medical, scientific, media, electronic and/or satellite broadcast purposes;
3. the use of photographic and audio visual equipment to record the entire procedure for educational, medical, scientific, media, electronic, and/or satellite broadcast purposes, on the condition that my name is held confidential;
4. the use of the data from the procedure and subsequent treatment for educational, research teaching and quality assurance purposes;
5. the administration of an anesthetic by a designated member of the Ontario Department of Anaesthesia;
6. I have been advised not to drive immediately after surgery;
7. I may receive pre-operative sedation. I have been advised not to drive immediately after receiving sedation and for a period of 8 hours thereafter. I acknowledge that my life and health and the life of others will be at risk if I drive during this period. This is because I may be impaired by the sedative. I also understand that driving while impaired may violate highway traffic laws.
8. possible chart review by a member of the Canadian Association for Accreditation of Ambulatory Surgical Facilities (CAAASF). (TLC) is a registered member of the CAAASF and as such must comply with regular scheduled Peer Evaluations.

GOVERNING LAW

I hereby agree that:

a. all aspects of the relationship between me and ______________________________ (as well as her/his agents, delegates, employees, and any physicians and other independent health care practitioners providing medical or other health care and treatment to me, or in association with ____________________________, including without limitation any medical or other health care and treatment provided to me, and

b. the resolution of any and all disputes arising from or in connection with that relationship, including any disputes arising under or in connection with this Agreement,

c. shall be governed by and construed in accordance with the laws of the Province or Territory of Ontario and the laws of Canada applicable therein.

JURISDICTION

I hereby acknowledge that the medical or other health care and treatment I receive from ____________________________ will be provided in the Province of Ontario, and that the Courts of the Province of Ontario shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action, whatsoever arising from or in connection with that medical or other health care and treatment, or from any other aspect of my relationship to ______________________________.

UNINSURED SERVICES

I, the undersigned, understand that the fees charged by TLC Laser Eye Centers dba TLC Yonge Eglinton only include services that are not insured by the Ontario Health Insurance Program (OHIP). Therefore, payment for these uninsured services may be billed to me, the patient directly and not to OHIP. I have voluntarily chosen to accept and pay for the package of uninsured services. I acknowledge that I have had the nature of the services explained to me in detail and to my satisfaction. I have had my questions answered in this regard.

I certify that I have read and fully understand the above Authorization and Consent, that the explanations referred to therein were in fact made to me, and that this form was filled in prior to commencement of the procedure. I understand that I am free to withdraw this consent at any time before surgery.

____

Signature of Patient

____

Date

I hereby certify that I have explained the above procedure and, in my opinion, the above patient or guardian understands the nature and consequences of the procedure.

____

Signature of Physician

____

Signature of Witness

____

Printed Name of Witness

____

Date