

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)?

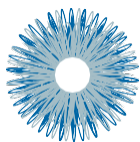
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Yes ☐ No

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 Stemmle.

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 and I confirm with my signature that I agree to the use of Lucentis or Eylea.

Place, date

Patient's signature