raleigh eye and face

CONSENT FOR TREATMENT AND RELEASE/REVIEW OF INFORMATION

I hereby authorize Raleigh Eye and Face Plastic Surgery to examine and treat me or the individual for whom I am responsible. I understand that during the course of diagnosis or treatment, eye drops may be used. I understand that these drops may cause temporary blurred vision and glare. I understand that operating machinery, including driving an automobile, is not advised until the transient effects of eye drops have worn off. I understand that procedures including but not limited to eyelid, orbital, and lacrimal surgery (biopsies, chalazion incision and drainage, blepharoplasty, ptosis repair, etc), and eyelid injections can cause temporary blurred vision. I understand operating machinery, including driving an automobile, is not advised until associated visual changes have completely resolved. I understand that it is my responsibility to arrange for a driver, taxi, ride-share, or other similar method of transportation as needed and to wait for any blurry vision to resolve before operating heavy machinery.

I authorize Raleigh Eye and Face Plastic Surgery to release information acquired in the course of my examination and treatment as it relates to my care. The release of information includes communication with other treating providers (primary care physician, referring provider, etc.), communication with treating facilities (hospitals, surgery center, etc.) and communication with my insurance carriers where applicable.

I authorize Raleigh Eye and Face Plastic Surgery to obtain and review my medication prescription history electronic databases used by Raleigh Eye and Face Plastic Surgery.