



Reference Laboratory  
28-29, Sector 18 (P)  
Gurgaon - 122015

Form QPC/MOLQ2001e

Phone 0124 4407906  
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Web www.molq.in

## CONSENT FORM

### Informed Consent to Perform HIV Testing

My health care provider has answered any questions I have about HIV/AIDS. I have been provided information with the following details about HIV testing:

- HIV is the virus that causes AIDS and can be transmitted through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with blood as in sharing needles (piercing, tattooing, drug equipment including needles), by HIV-infected pregnant women to their infants during pregnancy or delivery, or while breast feeding.
- There are treatments for HIV/AIDS that can help an individual stay healthy.
- Individuals with HIV/AIDS can adopt safe practices to protect uninfected and infected people in their lives from becoming infected or being infected themselves with different strains of HIV.
- Testing is voluntary and can be done anonymously at a public testing center.
- The law protects the confidentiality of HIV test results and other related information.
- The law prohibits discrimination based on an individual's HIV status and services are available to help with such consequences.
- The law allows an individual's informed consent for HIV related testing to be valid for such testing until such consent is revoked by the subject of the HIV test or expires by its terms.

I agree to be tested for HIV infection. If the results show I have HIV, I agree to additional testing which may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time. If I test positive for HIV infection, I understand that my health care provider will talk with me about telling my sex or needle-sharing partners of possible exposure.

I may revoke my consent orally or in writing at any time. As long as this consent is in force, my provider may conduct additional tests without asking me to sign another consent form. In those cases, my provider will tell me if other HIV tests will be performed and will note this in my medical record.

Patient Name: RATNA PANDE Date: 29/12/2021

Signature or Thumb impression: R. Pande

Patient or person authorized to consent

### Consent taken by Consulting Physician

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Indication: \_\_\_\_\_ Date: \_\_\_\_\_





**DR. PARUL SONY**

Director & Senior Consultant

**Complete Eye Care**

ASSOCIATE (Medicine) MD, MBBS, FRCS

Fellow, Univ. of Pittsburgh, USA

Specialist in Phacoemulsification,

LASIK, Cornea & Glaucoma

Dr. B. Medical Council Regn. No. 7207

Name: RATNA PARDE (014083)

Date: 13-12-2021

Age / Sex: 64 Years/FEMALE

File No.: \_\_\_\_\_

All others are Normal

**Diagnosis:**

1. LEFT EYE CATARACT GRADE 3 NS

2. RIGHT EYE PSEUDOPHAKIA

**Medicine prescribed:**

MEDICINE	DOSE/FREQ
FLOGEL ULTRA POLYETHYLENE GLYCOL 400 & PROPYLENE GLYCOL EYE DROPS	QDS/PRN
SPECIAL INSTRUCTIONS COPPER SULFATE URINE NEGATIVE BP, ECG, CBC, URINAL	3 MONTHS

**Advised Procedures:**

BOTH EYES BIOMETRY/TOL WORK-UP

BOTH EYES OCT

**Advised Surgery:**

LEFT EYE MILCS + IOL

Handwritten notes:

18  
18  
43.50/44.00 X 145  
42.00/43.00 X 125  
40/40.50/40.50 X 120  
41.00/40.25 X 15  
102 (41.25)  
RHT +0.75/40.50 X 100  
-3.25/4.50 X 65

Handwritten signature: *Parul Sony*



Serving Gurgaon for over a decade now Complete Eye Care & Gurgaon Glaucoma Centre is now certified with NABH (Entry Level).  
We are registered with IRDA for health insurance claims. REGD ID BR00000430549.

+91-9868836263 / 9818196263  
301-B, Lotus City Square, Sector 49, Gurugram

New Timing:  
10:00am to 8:00 pm (Mon-Sat)

Facebook: /completeeyecare  
Email: drparulsony@gmail.com  
Website: www.completeeyecare.in

# PRE OPERATIVE INSTRUCTIONS FOR THE EYE SURGERY

Age/Sex: 64/F ID: 14802

Name: Mrs. Parul Parda

Diagnosis: Lf Cat

Date of Surgery:

Eye: R/L

System Illness: HTN/DM/BPH/CAD/BA/COPD/CVA

## Medicines required for Cataract Surgery

- Tab Ciprobid (500 mg)/ Ceftum 500 mg / Levoflox 500 mg 10
- Tab. Diamox (250 mg) 3
- Cap. Iopar-SR 3
- Tab. Ocud / Pan 40 3
- Tab. Flexon / Proxymon 3
- Tab. Calmpose (5 mg) / Alprax (0.25 mg) 6
- Vigamox / Moxicip / Gatiquin Eye Drop 3
- Prednisolone Acetate / P-Lone / Predmet / L pred / Lotepred 1
- Tropicacyl Plus / Tropicacyl 1%/Homide 2% Eye drops 1
- Tinolet / lobet / lotim Eye Drops 1
- Unibrom / Megabrom / Flur / Amplinak Eye drops 1
- Lumecare Advance Carmellose / Osmodrops / Systane Ultra / Eyemist Gel / Genteal Gel Eye Drops 1
- Dark Glass & Micropore Tape 1
- Evolve Pure Eyelid Wipes 1

## Investigations required for Cataract Surgery

- FBS/PPS/RBS/Hb1AC
- Hb CBC/PT/INR
- Urine Routine
- BP
- ECG
- Chest X-Ray (P/A) View
- Physician Checkup/
- Clearance for surgery
- HIV/ HBSAg/HCV

These medicines ( or similar) are for use before or after surgery. Please bring all above reports and medicines along with you on the day of surgery.

## Report at

- Start Putting
- 10 Days before surgery (on..... )
- Vigamox / Moxicip / Gatiquin Eye Drops 4 times a day in RE/LE
- 7 Days before surgery (on..... )
- Continue Vigamox / Moxicip / Gatiquin Eye Drops 4 times a day in RE/ LE
- Tab Odoxil / Ceftum / Ciprobid / Levoflox / Ciplox 500 mg twice a day
- on the Day of surgery (on..... )
- Vigamox eye drops every hour after waking up

Tropicacyl plus Eye Drops every 10 min for 3 times 2 hrs before surgery RE/LE  
 Tab Odoxil / Ceftum / Ciprobid / Levoflox / Ciplox 500 mg one tablet In the morning  
 head bath on the day / or a day before surgery

- Do not use any hair oil, kajal or mascara.
- Do not touch the eye only with sterile wipes (Preferably detergent and preservative free)
- Do not have light breakfast / Tea with 2 biscuits in the morning.
- Continue antihypertensive other systemic medication unless changed by the physician.
- Do not take Aspirin Blood Thinner 5 days prior to surgery.
- Bring all reports and medicines with you on the day of surgery.
- A responsible relative / friend must accompany the patient for surgery.

## Instructions for sister/ Duty Doctor after admission

- Inform Dr. Parul and OT Sister.
- Check Vital BP, Pulse, WT. Consent (General + Cataract)
- Mark, Paint the eye to be operated with Betadine.
- Check for Dilatation, Xylocaine sensitivity test.
- Ask patient to wash face & pass urine.
- Shift patient to OT on call.