

PATIENT CONSENT FORM:

I, the undersigned.....(full name) and adult male
/ female from
(address) Id No..... hereby authorise Doctor
which are in possession of information concerning the medical procedure
which was performed on me together with my health and personal particulars
to disclose such information to the Diabetic Register as administered by the
Ophthalmological Society of South Africa. I further understand that this
information will be depersonalised and that it may only be used for the
purposes of health research and/or studies.

I further wish to indicate that such permission to disclose such information is
only for the purpose of health research and/ or study with a view of improving
the practice of ophthalmology to the benefit of patient outcomes.

I further wish to indicate that this consent was given out of my own free will
without any undue influence from
.....(name of doctor).

Thus signed aton this day of200

.....

Signature of patient

.....

Witness