

INFORMED CONSENT FOR PUPILLARY DILATION

The pupillary dilation is the best method for evaluation of the RETINA and OPTIC NERVE, and is performed routinely. Evaluation of the retina/fundus *without* pupillary dilation may allow for sight and/or life threatening disease, hemorrhages, tumors, etc., to go *undetected*.

Pupillary dilation is pain-free, relatively easy, with minimal after effects. Most patients suffer no loss of distance vision from the dilation drops, however, some experience a mild decrease. Near vision (arm length and closer) will be blurred 2-4 hours afterwards. Bright lights and sunshine may be bothersome and a slight headache may occur. We will supply a disposable pair of sunglasses if you did not bring your sun wear with you today. Special precaution is recommended for driving, operation of heavy equipment and, in few cases even walking.

Less than 1 in 40,000 patients suffer serious side effects from dilating drops. The symptoms are usually eye pain, intense headache and possible nausea and may not start immediately. If after leaving the office, you experience eye pain, cloudy or steamy vision or severe headache, call us immediately.

PLEASE MARK ONE CHOICE BELOW.

- _____ I have been informed of the benefits/risks, and choose to have pupillary dilation performed
- _____ I have been informed of the benefits/risks, and choose to reschedule the pupillary dilation.
- _____ I have been informed of the benefits/risks, and refuse to have pupillary dilation performed
I also take responsibility for the consequences.

Signature: _____ Date: _____

CONTACT LENS PROFESSIONAL SERVICES AND FEES

Please read and sign if interested in Contact Lens at this time.

The CONTACT LENS ASSESSMENT is the evaluation of corneal, sclera, and lid tissue health and integrity, tear film quality, corneal measurements, and DOCTOR consultation for new and current contact lens wearers. This assessment is in addition to the visual health examination and warrants an additional professional fee.

Fee for services: \$30.00 to \$125.00 (depending on CL type and fitting difficulty).

Signature: _____ Date: _____