



Patient Dilation Consent Form

Dilating the pupil with eye drops allows your doctor to obtain the most optimal view inside your eyes in order to prevent and treat eye health. Health problems such as glaucoma, cataracts, retinal degeneration, diabetes, and high blood pressure can be detected even before the onset of any symptoms or loss of vision. It is possible that some of these eye conditions can go undetected without dilating your pupils.

It is highly recommended to have your eyes dilated if:

1. This is your first eye examination.
2. Your eyes were never dilated.
3. You are new to our office.
4. Your last eye examination was more than 5 years ago.
5. You are over the age of 40.
6. Have been previously diagnosed with a condition that needs yearly monitoring (as in diabetes, high blood pressure, etc.)
7. You have had a recent onset of reduced vision, floaters, or flashes of light.
8. You have glasses or contact lens prescription over -3.00.

If you do not fit in the above categories, it is still recommended to have your eyes dilated at least every 2 years.

Please be advised that dilation will last _____ hours and you may experience sensitivity to light and blurred vision when reading. Most people will be able to drive once their eyes are dilated, however, if you feel uncomfortable driving, or have never driven with your eyes dilated, it may be best to have a driver. Please note there is no additional charge for having your eyes dilated, as it is included in your comprehensive eye exam.

Please check one of the following:

- YES**, I would like my eyes dilated today if the doctor believes it is necessary.
- I would like to speak with the doctor about dilation.
- NO**, I do NOT want my eyes dilated (see below).

In refusing to have my eyes dilated, I understand that I am assuming all risks associated with failure to diagnose eye conditions due to lack of information, which may have been provided by this test.

Patient

Signature: _____ Date: _____