



OPTOMEDICA EYE CONSULTANTS

Complete Eyecare-Contact Lenses-Treatment of Eye Disease

Optomedica Eye Consultants

Dr. Lorena E. Castaneda

2430 N. Fry Rd. ,Ste 108

Houston TX, 77084

281-829-2020

Fax:281-829-2024

Patients Acknowledgment

Our goal is to set the standard in professional, quality eye care. We are committed to prevention of eye diseases as well as early detection. Using advanced equipment and techniques we can often identify changes at early stages before they become problems. Therefore, we strongly recommend that our patients of all ages routinely receive a dilated exam.

Dilation

Because disease follows no schedule; without enlarging the pupils, the doctor is unable to view 70 to 80% of your retinas. In order to thoroughly examine the inside of the eye for problems such as cataract, tumors, disease, retinal holes, tears and detachments, we need to put drops in your eyes to dilate pupils. **The side effect are light sensitivity and blurred near vision.** In some individuals the distance vision may also be blurred. However, because this procedure allows the doctor to have a broader view inside the eye to see detail that is not possible to view in the undilated eye, we **recommend routine dilation whenever possible** (especially for individuals with history of diabetes or high blood pressure). We will provide free disposable sun shields if needed.

This test is included in our comprehensive exam at no additional charge.

Do you want your eyes dilated today? Yes No

Liability Release: I have been informed by Optomedica Eye Consultants (From the above or verbal explanations) and its staff to the importance of pupil dilation. If I have chosen not to have the test performed, or any other recommended test, or I have given incomplete or inaccurate information, I will not hold Dr. Castaneda, Optomedica Eye Consultants and or its staff responsible for any disease or pathology that goes undetected due to the lack of diagnostic information that could have been obtained by these testing procedure.

Name (Please Print) _____

Signature _____ Date _____