

Patient Dilation Consent Form

Dilation 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 diabetes, glaucoma, macular degeneration, cataracts, 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.

Please be advised that the effects of dilation will last for 4-5 hours and you may experience sensitivity to light and blurred vision while 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 that there is no additional charge to have the dilation, as it is included as a part of your comprehensive eye exam.

Please check off one of the following:

- YES**, I would like to have my eyes dilated today if the doctor believes its necessary.
- NO**, I do NOT want my eyes dilated today.

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

X Patient Signature:

Date:

X Patient Signature:

Date: