

## **Patient Dilation Consent Form**

Dilation is an important part of a complete eye exam. Dilation will make your pupil (the black part in the center of your eye) large so that Dr. Cash/Dr. Ahmad can get a better look at the back of the eye to check for any problems that can occur due to the following:

- Systemic Diseases: Diabetes, High Blood Pressure, thyroid, high risk medication use, Cancer, etc. that can affect the eyes without obvious symptoms to the patient.
- Physical Changes in your eyes, such as cataracts, glaucoma, retinal detachment, etc. that can affect your vision.

The dilation will make your near vision blurry and cause mild light sensitivity. This will last for 2-4 hours, although it can last longer in some people. Most people will be able to drive once their eyes are dilated, as long as they have sunglasses (which we can provide if you didn't bring any). 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. It is highly recommended to have your eyes dilated if:

\*You are new to our office.

\*You are diabetic.

\*You are over the age of 45.

\*You have glasses or contact lens prescription over -4.00.

\*Have been previously diagnosed with a condition in the back of the eye that needs yearly monitoring.

If you do not fit in the above categories, it is still recommended to have your eyes dilated at least every two years. Please check one of the following:

- YES, I would like my eyes dilated today if the doctor believes it is necessary.**
- 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: \_\_\_\_\_

If you would like a new or updated glasses prescription performed today there will be an additional fee of \$50 for a refraction (testing performed to obtain the glasses prescription). Please check if you would like an updated/new prescription today:

- YES, I would like an updated glasses prescription**
- NO, I would not like to update my glasses.**