



DILATION POLICY

WE PREFER TO DILATE

Pupillary dilation improves our doctor's ability to examine the internal structures of the eye for signs of disease, which is important for your health and well-being. Normal side-effects usually last 2 to 6 hours, and include sensitivity to bright light (for which disposable eye shades are provided) and difficulty focusing on near objects. Normally, your distance vision is not adversely affected, and it is possible to drive safely after dilation with your glasses or contact lenses. The doctor will determine if you are able to do so.

PATIENTS MAY REFUSE

Patients reserve the right to refuse any test or diagnostic procedure recommended. If a patient refuses, he or she assumes all of the risk for potentially not detecting, and thereby treating in a timely manner, any serious eye conditions. Office policy will require patients to sign this information sheet explaining the benefits of dilation.

PATIENTS MAY RESCHEDULE

Some patients prefer to reschedule their dilated retinal exam for a different day and time to minimize visual side-effects upon their return to work or school. We will be happy to schedule a second appointment for this purpose within two to three weeks of their initial comprehensive exam at no charge.

OPTOMAP RETINAL IMAGING

We also offer Optomap ultra-wide digital retinal imaging for an additional fee. This can be used to get an in-depth view of nearly the entire retina without pupil dilation in most cases. This image is recommended as a supplement to dilation, **NOT** as a substitution for a dilated retinal exam.

IN THE CASE OF DILATION REFUSAL

Acting under my own will and judgment, I fully understand the circumstances associated with refusing to have my eyes dilated. As a consequence, I understand that the doctor may not be able to detect cases in which the retina is diseased, physically compromised, or harboring cancerous growths. As such, early detection and diagnosis of certain eye conditions, along with timely and effective treatment, may not be possible. I accept all risk for the possibility of not detecting these eye conditions without pupillary dilation, and I understand that these conditions may result in permanent vision loss, or even death.

Print Name _____ **Date** _____

Signature _____