INFORMATION AND CONSENT FOR
DILATED EYE EXAMINATION

PATIENT NAME: ________________________________

Dear Eye Care Professionals Patient:

In the course of your care whether today or in the future, it is important for your doctor to evaluate your retina with a dilated exam. Dilating eye drops are used to enlarge the pupils of the eye to allow the physician to obtain a better view of the inside of your eyes.

Dilation frequently changes vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for us to predict to what degree your vision will be affected. Driving may be difficult immediately after the examination. If you are concerned about these problems, you may wish to make alternative transportation arrangements. The majority of patients do drive after dilation with the assistance of temporary sunglasses, which we can provide after your dilation.

Adverse reactions, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention.

I hereby authorize the physician and/or such assistants as may be designated by him to administer dilating eye drops. The eye drops are necessary to perform a complete exam of the retina and the back of the eye. This may reveal the presence of a serious systemic condition as well as eye conditions.

I have read and understand the above information regarding my dilated eye exam.

__________________________________________  _______________________
Patient’s Signature                          Date

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