

WE PREFER TO DILATE

When indicated, 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 3 to 5 hours, and they include sensitivity to bright light (for which disposable eye shades are provided upon request) and difficulty focusing on near objects. Normally, your distance vision is not affected too much (that is, if you are wearing fairly up-to-date prescription eyeglasses), and although it is possible to drive legally after dilation, we suggest that you wait a while before driving or, alternatively, arrange for a ride for safety reasons.

PATIENTS MAY REFUSE

Patients reserve the right to refuse any test or diagnostic procedure recommended. If a patient refuses, however, he or she assumes all of the risk for potentially not detecting, and thereby treating in a timely manner, any serious eye conditions.

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 at a later time for this purpose, **privately charging an additional fee of \$120.00**. There is absolutely **NO ADDITIONAL CHARGE** if we complete the dilated retinal exam during your initially scheduled comprehensive eye examination.

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 even result in blindness.

Name: _____

Signature: _____ **Date:** _____