

**IN THE CASE OF REFUSING**  
**TONOMETRY (EYE PRESSURE TESTING)**

I have been advised by my eye doctor of the need for eye pressure testing, which, if elevated, is a significant risk factor for glaucoma. I have been informed and understand that, if I have glaucoma, and a pressure test is not performed, the high eye pressures may lead to partial or total loss of vision. I have also been informed of the various means by which my eye pressure may be tested.

Acting under my own will and judgment, I fully understand the circumstances associated with refusing eye pressure testing.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_