



OPTOMEDICA EYE CONSULTANTS

Complete Eyecare-Contact Lenses-Treatment of Eye Disease

Optomedica Eye Consultants

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Patients Acknowledgment

Our goal is to set the standard in professional, quality eye care. We are committed the prevention of eye diseases as well as early detection. Using advanced equipment and techniques we can often identify changes at early stages before they become problems. Therefore, we strongly recommend that our patients of all ages routinely receive a dilated exam.

Dilation

Because disease follows no schedule; without enlarging the pupils, the doctor is unable to view 70 to 80% of your retinas. In order to thoroughly examine the inside of the eye for problems such as cataract, tumors, disease, retinal holes, tears and detachments, we need to put drops in your eyes to dilate pupils. **The side effect are light sensitivity and blurred near vision.** In some individuals the distance vision may also be blurred. However, because this procedure allows the doctor to have a broader view inside the eye to see detail that is not possible to view in the undilated eye, we **recommend routine dilation whenever possible** (especially for individuals with history of diabetes or high blood pressure). We will provide free disposable sun shields if needed.

Dilation is only available the day of your comprehensive exam. This test may not be included in your comprehensive exam because of your insurance and may incur in extra fees. If you have any questions about this procedure or your eligibility please do not hesitate in asking our staff.

Do you want your eyes dilated today? ☐ Yes ☐ No

Liability Release: I have been informed by Optomedica Eye Consultants (From the above or verbal explanations) and its staff of the importance of pupil dilation. If I have chosen not to have the test performed, or any other recommended test. I will not hold Dr. Castaneda, Optomedica Eye Consultants and or its staff responsible for any disease or pathology that goes undected due to the lack of diagnostic information that could have been obtained by these testing procedure.

Patient Name (Please Print) _____

Patient/Guardian Signature _____ Date _____