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New Patient: Eye Health Assessment

Dilation eye drops are used to make the pupils larger so that the doctor can assess the health of the inside of the eyes. This allows the doctor to evaluate you for:

1. Physical changes of the eyes (like cataracts, glaucoma, macular degeneration, and retinal detachments, all of which can affect the eyes without any symptoms)
2. Systemic diseases of the body (like diabetes, hypertension, blood disorders, and cancer, all of which can affect the eyes without any symptoms)
3. In some cases, dilation eye drops are also used to examine the refractive system so that the proper glasses prescription can be obtained. This is common in children under the age of 12 years old.

Dilation eye drops may cause blurry vision for near work and cause sensitivity to light. These effects usually last 3 to 5 hours. If you did not bring sunglasses, we can provide a disposable pair. Although most people are fine to drive after being dilated, some patients feel more comfortable having someone else drive.

Dr. Duvall, Dr. Baird, and Dr. Grace **highly recommend** dilating your eyes today, particularly for new patients, patients who are diabetic, patients who are very nearsighted (-6.00 D or greater), or patients who have a condition of the eye that requires monitoring. There is no fee for dilation.

In addition to dilation, we now have new technology, **Optomap**, that takes a scan of the retina. Because it is like a picture of the retina, your doctor will show you an exact appearance of the inside of your eye. Of greatest benefit, these pictures will remain in your chart for reference on future visits. Insurance companies do not cover this scan. There is a \$29 fee for Optomap. We do not perform Optomap on children under 10 years old.

For new patients, we recommend **both** dilation and a baseline Optomap today.

Please choose **ONE** of the following:

I **do** give permission to be dilated (no additional fee)

I **do** give permission to be dilated and I **also want** Optomap to be performed (\$29 fee)

I want to discuss dilation with my eye doctor or my eye care team

Patient signature: _____ Date: _____