

Retinal Imaging/Dilation Consent

*Your dentist regularly takes x-rays of your teeth;
your eyes deserve the same quality care.*

As part of a comprehensive eye examination, we recommend that **all** patients have a dilated eye exam and/or retinal imaging and we are now proud to provide Retinal Imaging at this office. The purpose of dilation and retinal imaging is to detect possible sight-threatening or life-threatening problems such as retinal detachment, glaucoma, cataracts, cancer, and complications associated with medical conditions such as diabetes and high blood pressure. These tests also enable the doctor to determine if additional medical testing may be needed to ensure or monitor your general and ocular health. Doing both dilation **and** retinal imaging is the most thorough exam and detects more possible health problems than either one alone.

It is especially important to have your eyes dilated and/or retinal imaging if:

- You are new to our office
- You are a diabetic
- You are over the age of 40
- You are highly nearsighted
- You have been previously diagnosed with a condition in the back of the eye that needs periodic monitoring

Dilation will make you light-sensitive and your vision blurry up close for an average of 4-8 hours. Distance (driving) vision can also be affected in some individuals. Please note that there is **no** additional charge for having your eyes dilated.

Retinal imaging involves a bright camera flash but has no other lasting effect on your vision.

We do not recommend dilation during pregnancy or if you are currently nursing.

Please check one of the following:

- I would like to have my eyes dilated today
- I would like to have my eyes dilated at another visit
- I decline to have my eyes dilated

Please check one of the following:

- \$29** for **routine** Retinal Imaging
- \$69** for **lifetime** routine Retinal Imaging
- I decline Retinal Imaging

In refusing to receive the Retinal Imaging or eye dilation, I understand that I am assuming all risks associated with failure to diagnose eye conditions due to lack of information that may have been provided by these tests.

Patient/Guardian Signature: _____ Date: _____

Print patient name: _____