Informed Consent for Dilation of Eyes

The purpose of dilating your pupils is to perform a more thorough examination of the health of your retina by viewing around the iris, or colored area of your eye. This allows the doctor to access the peripheral retina, an area which would normally be blocked. Individuals with diabetes, glaucoma, high prescriptions, systemic disease, and those over 55 years old are strongly encouraged to have this procedure. However, certain side effects may occur. These include blurry vision, light sensitivity, nausea, dry mouth, and burning upon the installation of drops. These effects can last up to 6 hours. If you should experience the above mentioned symptoms including decreased vision, halos around lights, foggy vision, brow/headache, redness, or pain lasting longer than 6 hours call or return to our practice immediately.

Optomap (Optos) Retinal Imaging

The doctor strongly recommends the Optomap. While eye exams generally include a look at the front of the eye to evaluate health and prescription changes, a thorough screening of the retina is critical to verify that your eye is healthy. It can lead to early detection of common diseases, such as Glaucoma, Diabetes, High blood pressure, Macular degeneration, Bleeding in the retina and even Cancer. This test is quick, painless, and does NOT require dilation drops.

IF YOU DO NOT CHOOSE THE OPTOMAP AND REFUSE DILATION, WE ARE NOT LIABLE FOR ANY RETINAL FINDINGS THAT ARE MISSED DURING THE EXAMINATION.

**____ Please initial here if you would like the Optos screening for an additional fee of $35**

FDT Visual Field Screening

The instrument operates using cutting edge Frequency Doubling Technology to test your peripheral and central vision quickly and accurately. The routine eye exam does not always detect early vision problems. Some examples of problems that the FDT Visual Field Analyzer can detect include:
- Brain tumors
- Retinal Detachment
- Macular Degeneration
- Glaucoma
- Optic Nerve Disease

**____ Please initial here if you would like the FDT screening for an additional fee of $20**

US HIPPA / Consent for the Release of Information / Responsibility for Payment

There are two types of health insurance that will help pay for your eye care services and products. You may have both and our practice accepts both:

1. Vision care plans (such as VSP and EyeMed)
2. Medical insurance (such as Aetna and Medicare).
   - Vision care plans only cover routine vision exams along with eyeglasses and contact lenses. Vision plans only cover a basic screening for eye disease. They do not cover diagnosis, management or treatment of eye diseases.
   - Medical insurance must be used if you have any eye health problem or systemic health problem that has ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history.
   - If you have both types of insurance plans it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense.
   - We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. If some fees are not paid by your plan, we will bill you for any unpaid deductibles, co-pays or non-covered services as allowed by the insurance contract.

I have read and agree with these policies.

PATIENT/ GUARDIAN SIGNATURE:________________________________________ DATE: __________________