Pflugerville Vision Care

**PATIENT DILATION CONSENT**

A complete eye exam includes the examination of the back of the inside of the eye, the retina, to look for disease that may be affecting your eyes or even your whole body. Retinal disease may be present without pain or symptoms. In order to view the entire retina, pupil dilation OR retinal imaging is necessary. This is especially important for new patients, patients with a large degree of nearsightedness, diabetics, and patients with a personal or family history of retinal disease. If you have been diagnosed with diabetes, our doctors recommend *annual* retinal evaluations to check for diabetic retinopathy.

**OPTION #1: Optomap Retinal Scan**

In our efforts to provide the latest in examination technology, our office offers Optomap retinal imaging. Our doctors highly recommend the Optomap which utilizes a high-tech digital scanner to give a panoramic view of the retina *without dilating the pupil*. Due to the wide field of view, most eye disease can be detected with the Optomap. The image is saved to the computer for close evaluation and comparison to future Optomap pictures. Simply a flash like a camera, this quick and painless test does ***not*** require drops in the eyes and will ***not*** affect your ability to drive or see up close. There is a $39 additional charge which is not covered by most insurance plans.

**OR**

**OPTION #2: Pupil Dilation**

For pupil dilation, eye drops are instilled in each eye. After 15 minutes or so, your pupils will be enlarged enough for the doctor to use a bright light and a magnifying lens to view all areas of the retina. The entire procedure will add about thirty minutes to your exam time. *Also, your pupils will remain dilated for several hours causing blurred near vision and light sensitivity.* There is no additional charge for dilation even if you reschedule for another visit.

Please initial below to indicate your choice:

\_\_\_\_\_ I want to do the Optomap retinal scan today.

\_\_\_\_\_ I prefer to be dilated today and understand that my eyes will be sensitive to light and my near vision

will be blurred for a few hours.

\_\_\_\_\_ I will reschedule for a dilated exam.

\_\_\_\_\_ I do not wish to be dilated or have the Optomap scan. I understand that the doctor cannot view the entire retina and retinal disease can be present without pain or symptoms.

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Printed name of patient

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Patient’s signature (or parent/legal guardian if patient is a minor)