



JEFFREY SQUIRE O.D & ASSOCIATES

Dilation Consent Form

Dilation is an important part of a complete eye exam. Dilation will make your pupil (the black part in the center of your eye) large so that the doctor can get a better look at the back of the eye to check for any problems that can occur due to the following:

- **Systemic Diseases** such as Diabetes, High Blood Pressure, Cancer, etc. that can affect the eyes without obvious symptoms to the patient.
- **Physical Changes** in your eyes such as Cataracts, Glaucoma, Retinal Detachment, and more that can affect your vision.

The dilation will make reading things up close difficult and make lights seem brighter than usual. This will last for three to five hours, although it can last longer for some people. Most people will be able to drive once their eyes are dilated as long as they have sunglasses (which we can provide if you didn't bring any). However, if you feel uncomfortable driving or have never driven with your eyes dilated, it may be best to have a driver. Please note there is *no* additional charge for having your eyes dilated. This is included in your fully comprehensive exam.

It is highly recommended to have your eyes dilated if:

- You are new to our office.
- You have Diabetes.
- You are over age 45.
- You have a glasses or contact lens prescription over -4.00
- You have been previously diagnosed with a condition in the back of the eye that needs yearly monitoring
- You are taking a high-risk medication, such as Placquenil.

If none of the above applies to you, it is still recommended to have your eyes dilated at least every two years.

Please check one of the following and sign below:

- I would like to have my eyes dilated today if the doctor believes it is necessary.
- I would like to schedule a time to come back for dilation at no additional charge.
- I do not want my eyes dilated today. *See Below

In refusing to have my eyes dilated, I understand that I am assuming all risks associated with failure to diagnose eye conditions due to lack of information which may have been provided by this test.

Patient Signature: _____ Date: _____