



PREVENTATIVE RETINAL HEALTH EXAMINATION

We take the gift of sight very seriously and you should too. Routine pupil dilation is now considered the highest standard of care, as it allows the early detection of ocular and systemic disease. It is considered an integral part of the comprehensive eye examination as published by the American Optometric Association.¹ By regularly viewing the retina thru dilated pupils, Doctor can detect and monitor conditions such as Hypertension, High Cholesterol, Diabetes, Glaucoma, Cataracts, Macular Degeneration and other retinal problems. Many other conditions can be diagnosed as well.

Our practice recommends dilation at the initial comprehensive exam for new adult patients and every 2-3 years for established adult patients without significant medical history. While we also perform the iWellness digital retinal screening as part of our comprehensive ocular health examination, this is separate from and not a substitute for pupil dilation.

Pupil dilation explanation: In this procedure Doctor will use eye drops to temporarily enlarge the pupils. After a short wait period, Doctor will use a special head-mounted ocular system with a bright light to view the entire retinas.

Side effects:

- * Dilation drops will sting for a few seconds upon instillation.
- * Dilation will blur your near vision for a short period (unless you already wear bifocals).
- * Dilation will cause light sensitivity for 3 - 6 hours.
- * Driving vision is usually not impaired but may require extra attention.
- * Disposable sunglasses will be provided for your comfort.

Dilation is covered as part of your comprehensive exam by most routine vision insurance plans.

I give my informed consent to have my pupils dilated today.

(Initials)_____ Date: _____

I defer pupil dilation today but will schedule a return visit to have pupil dilation completed.

(Initials)_____ Date: _____

I decline pupil dilation today and understand the risk of underlying retinal or systemic conditions that may go undetected.

(Initials)_____ Date: _____ Reason for declining: _____

¹ Evidence Based Clinical Practice Guidelines, Pg. 25 American Optometric Association