EMINENCE
FAMILY EYECARE

# Consent to Procedures

## Please choose one of the following procedures or check "NO" below

| Fundus Photos (Picture of your Retina which is the back of your eye) | Dilated Pupil Examination |
|---|---|
| An annual fundus photo is an important part of a comprehensive eye exam. The doctor will take a picture of the inside of your eye to detect vision threatening eye diseases such as glaucoma, retinal detachment, macular degeneration or malignant growths.<br>✓ Fast, easy and comfortable<br>✓ Non-invasive procedure, No eye drops, No discomfort.<br>✓ A permanent medical record to store and compare with subsequent photos to track potential eye disease and changes.<br>✓ Your eyes will not be dilated so no blurry vision or light sensitivity afterwards<br>✓ An in depth view of nearly the whole retina<br>✓ Educational tool for your doctor to discuss your eye health and wellness with you<br>✓ Can help detect nearly all retinal diseases. Recommended yearly<br>✓ **Covered by most insurance with a copay of $39** | Pupil dilation is part of your complete eye examination. Dilating the pupil with eye drops allows the doctor to better examine the inside of your eyes and detect vision threatening eye diseases such as glaucoma, retinal detachment, macular degeneration or malignant growths.<br>✓ Eyes will be dilated with eye drops. Mild burning sensation with drops for few seconds.<br>✓ After dilation, there will be blurry vision upclose and eyes will be unable to focus well to read at near.<br>✓ Driving should be fine but care must be taken when driving, as eyes will be highly sensitive to sunlight. There may also be some decrease in visual quality when driving.<br>✓ There's possibility of some reaction to dilating agents if you are allergic to the drops.<br>✓ Side effects generally last 4-6 hours<br>✓ Temporary sunglasses will be provided<br>✓ No Permanent record/baseline to be used for comparison over time but still useful.<br>✓ **No Extra cost for this procedure** |
| ☐ **I want fundus photos today ($39)** | ☐ **I want dilation today (no extra cost)** |

☐ **"NO" I DO NOT want both Fundus photos or dilation.** I release Eminence Family Eyecare, LLC from any liability related to the failure to detect, diagnose or treat any eye condition due to lack of diagnosis information which could have been obtained by these tests.

By signing below, you understand and agree with the above statements:
Patient/Guardian Signature: _____ Date: _____/_____/_____