INFORMED CONSENT AGREEMENT

Patient's Name: ___________________________________________________________________________________ 

DILATION:

Without dilating the pupils, peripheral portions of the retina are not viewable. It is important to view these parts of the retina in order to properly assess eye health and screen for potentially vision threatening conditions. In order to dilate the eyes, the technician or doctor will put eye drops into the eyes, which will take effect after 10-20 minutes.

The main side effects of dilation include: blurry vision, light sensitivity, and inability to focus for about 4-6 hours. As with all medications, rare but more serious side effects can also occur. We recommend you have a driver present for dilation, and it is possible to reschedule the dilation (within 30 days) if today is not convenient. There is no charge for the dilation, this service is included free of charge with your yearly comprehensive eye exam.

RETINAL PHOTOGRAPHY:

A retinal camera takes a quick and painless digital image of your retina, the tissue responsible for allowing you to see. This technology assists in determining the health of your eyes, and can help identify diseases like diabetes, glaucoma, macular degeneration, and many more conditions that may affect the health of your eyes.

Retinal photography is NOT a substitute for dilation (with eye drops), but together, can provide an objective assessment of your overall eye health. Dr. Fu will also use the retinal photos as a digital medical record for your retina, and can compare photos from one year to the next to check for slight changes that could indicate the beginning or progression of any eye diseases. This is a preventative screening test, and is available for $29. We are also happy to email you copies of your retinal photos, at your request. Dr. Fu strongly recommends retinal photography.

EYE PRESSURE:

We assess eye pressure using a quick and painless non-contact tonometer, which uses a gentle puff of air. Eye pressure is a very important indicator of eye health, and this information is vital in screening for diseases such as glaucoma, ocular hypertension, and other eye diseases. The eye pressure check is considered standard of care in a basic examination of the eyes, and will be performed unless you opt out.

( ) I do NOT want to have my eyes dilated

( ) I do NOT want to have retinal photos taken

( ) I do NOT want to have my eye pressure checked

I have been informed by Dr. Fu and the staff at Grand Vision Optometry of the need for a dilated fundus examination of my eyes and for intraocular eye pressure assessment. It has been explained to me and I understand that a condition with potential loss of vision may exist and without dilation or eye pressure check, it may go undetected. Being advised of the above, I hereby decline the checked services offered above. By leaving the options unchecked, I understand the information and risks, and agree to be responsible for any fees associated with these procedures.

Patient/Guardian signature: ____________________________________________ Date: _________________________