

RETINAL PHOTO CONSENT FORM

Fullerton Eyes Optometry is proud to offer a high resolution digital photograph of your retina. The Zeiss Visucam Pro imaging system enhances your eye exam by providing a detailed picture of the retina. These retinal images are advised for healthy patients as well as patients having pre-existing medical conditions. These images help us in diagnosing glaucoma, macular degeneration, diabetes and other retinal conditions. They are stored in our database and then used for comparison with photographs taken in the future. This allows us to track even the smallest changes from the previous exam.

We encourage all our patients to have this procedure to establish a baseline for future examinations. In most cases, a screening photograph does not require additional dilation of the pupils. Some patients will need retinal photos and dilation. Dr. Kubo and Associates will be reviewing your results during today's examination. If further detailed retinal photos are needed this additional testing should be covered by your medical insurance and is subject to your normal copay, deductible and co-insurance.

The fee for this screening test is \$39.

_____ I wish to have retinal photos performed.

_____ I do not wish to have retinal photos performed.

_____ I wish to discuss this test with the doctor

Name: _____ Date: _____

Signature: _____

Information and Consent for Pupil Dilation

Part of the eye examination which we perform in this office includes Pupil Dilation. This is essential for a full medical evaluation of the eye. Pupil dilation requires the placement of multiple eye drops. Side effects can last for several hours afterwards. Dilation causes an inability to focus on near objects or reading material, which makes close work very difficult for many people.

Very rarely, dilation of the pupils can induce a severe type of glaucoma in people who are susceptible to this problem. We check for signs that you might be predisposed to this type of glaucoma prior to receiving dilation drops. Signs of acute glaucoma include redness, severe pain, nausea, loss of vision. If any of these occur after dilation, you should call the office immediately.

Dilation may cause difficulty driving or operating heavy machinery. These activities should only be done with great caution after dilation. Dilation may also cause some unsteadiness in walking. Please ask for assistance if you feel uncomfortable.

I understand the above issues concerning dilation of the pupils. I give my consent for pupil dilation during any and all of my visits to this office if the doctor feels it is necessary.

Signature _____ Date _____

I refuse dilation knowing that my exam will be less comprehensive.

Signature _____ Date _____