Dr. Howard A. Sherman, O.D.

Patient Name:

Date of Birth: _____ Patient #: ____

Dilation Consent

Dilation of the eyes is a diagnostic procedure that allows a more complete assessment of the health of the inside of the eyes. Dilation is necessary to thoroughly inspect the eye for the presence of tumors, glaucoma, retinal detachments, cataracts or other serious abnormalities. This procedure has been recommended by Dr. Sherman so that he can provide you with the most thorough eye health possible.

Having your pupils dilated is a relatively painless procedure. If you agree to be **dilated** today, you need to be aware of the following: Care needs to be taken in driving back to work or home, though most patients find little difficulty in driving in familiar areas. If traveling a long distance, you may choose to reschedule the dilation, or make other arrangements for someone to drive you. Focusing at close distances will likely be impaired until the dilation wears off. These side effects should last no longer than 5 to 7 hours. Please bring a pair of sunglasses with you or we will provide a pair of sunshades to help cut down the increased light sensitivity. If the dilation is done today, during your exam, there is **NO charge** it's included in exam fee. **However**, if you elect to reschedule the dilation for a different day or time; an additional fee of \$45.00 will be charged, which is not billable to your insurance.

I have read and understand the above and below.

_____ Yes (Initial), I would like a comprehensive exam with dilation done today.

No (Initial), I have elected NOT to have this test done and I release Dr. Howard A. Sherman from any liability resulting from my NOT having this test performed. I understand the importance of dilation and that it would be in my best interest for evaluating the health of my eyes; however, at this time I decline to be dilated.

Signature: 🗙	Date→
If you are <u>NOT</u> the patient:	
PRINT your name: →	Relationship to patient: →

Retinal Photograph Consent

We highly recommend that all patients over the age of 7 have a photograph taken of the inside of their eyes. These pictures are kept in your file so that views of the retina can be compared and the health of your eyes can be evaluated more objectively. These photos are used as a baseline from which to monitor your ocular health. The photographs document the blood vessels, nerves, and retina of the eye, thus enabling us to detect and treat many eye problems at the earliest possible moment. Our charge for this procedure is \$85. But, for those without **insurance** we give you a **\$30 discount** if the photographs are done on the same day as your dilation. BCBS seems to cover this, but not sure that all plans do.

NOTE: Patients with a family history of diabetes, high blood pressure, glaucoma or vascular disease should absolutely have these pictures taken to document the health status of your eyes.

____Yes – (Initial), I want retinal photographs of both eyes, <u>IF TIME ALLOWS</u>. Otherwise, I understand that it is my responsibility to make a separate appointment.

No - (Initial), *I* do not wish retinal photograph at this time.

Signature

If you are NOT the patient: PRINT your name: \rightarrow

Date→

Relationship to patient: \rightarrow