

## Dilated Fundus Exam Agreement/Deferment Form

A dilated fundus exam (DFE) is part of a comprehensive eye exam. The purpose of a DFE is to examine the overall health of the posterior eye including the retina. Pathologies of the posterior segment that may be better diagnosed via a DFE include—but is not limited to— diabetic retinopathy, age-related macular degeneration (AMD or ARMD), etc.

Dilation of the eyes may produce visual blurring and sensitivity to light. Dilated patients are recommended to be more careful while driving and/or consider possibly abstaining from driving. Each patient will respond differently to eye dilation and it is the responsibility of each patient to determine whether he/she is capable of driving safely. Increased light sensitivity and blur usually lasts from <u>8 to 12 hours</u>. The DFE procedure adds an additional 30 minutes to your eye exam.

Please initial one of the following:

\_\_\_\_\_ No, I am aware of the benefits of the DFE but would like to REFUSE the DFE at today's comprehensive eye exam.

YES, I consent to dilation today should the doctor suggest it.

**Retinal Photography Agreement** 

We provide Retinal Photography as a service for our patients. The cost of retinal photos is **\$35** for patients and is NOT covered by most Vision Insurances for routine purposes.

Please initial:

\_\_\_\_\_ Yes, I consent to have a Retinal Photos taken. I am aware I am responsible for the cost of \$35 at check-out.

## IF YOU WISH TO DISCUSS ANY OF THE ABOVE WITH THE DOCTOR, PLEASE DO NOT INITIAL OR SIGN ANY PART OF THIS FORM.

Signature:\_\_\_\_\_