



# **TRINITY EYE ASSOCIATES**

## **WE PREFER TO DILATE**

When indicated, pupillary dilation improves the Doctor's ability to examine the internal structures of the eye for signs of disease. It has become evident how important this simple procedure is for your health and well-being. Normal side-effects last 3 to 5 hours, and they include sensitivity to bright light (for which free temporary sunglasses are available upon request) and difficulty focusing on near objects. Normally, your distance vision is not affected very much, and it is possible to drive safely after dilation if you have glasses that are fairly up to date. If the Doctor determines that it will cause a significant blur in your vision, you will be told so before he/she dilates you.

## **PATIENTS MAY REFUSE**

In this office, patients reserve the right to refuse any test or diagnostic procedure, despite our recommendations. If a patient refuses, however, he or she assumes ALL of the risk for possibly not being able to detect and diagnose, and thereby treat on a timely manner, any potentially serious eye conditions. We request a signed waiver in these cases.

## **PATIENTS MAY RESCHEDULE**

Some patients prefer to reschedule their dilated retinal exam for a different day and time to minimize visual side-effects upon their return to work or school. We will be happy to offer a second appointment for this purpose. There is absolutely NO additional charge if we complete the dilated retinal exam during your routine eye examination.

## **DILATION REFUSAL WAIVER**

### **(To Be Signed ONLY If You Are Refusing Dilation)**

I, under my own will and judgment, refuse to have my eyes dilated. As a direct consequence, I understand that the Doctor may not be able to detect cases in which the retina is diseased, physically compromised, or harboring tumorous growths. Accordingly, the process of early detection and diagnosis of certain eye conditions may be hindered, and timely referral to a specialist and effective treatment may not be possible. I accept ANY and ALL risk for the possibility of not detecting these eye conditions without a pupillary dilation, and I understand these conditions may result in permanent blindness, or even death.

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_