Eye-dilating drops make it possible for your optometric physician to examine the interior of the eye. Because dilation interferes with accommodation (the eyes way of adjusting vision to see objects close up or far away), vision can become blurred until the drops start to wear off. Near vision is usually more affected than distance vision. Patients should bring a friend or family member to drive them home after eye dilation. After the exam, patients should wear sunglasses when outdoors to reduce glare and light sensitivity.

There is no additional charge for this procedure. Please check the appropriate box:

- o Yes, I would like this procedure performed
- o No, I do not want this procedure performed

Please note that during your examination the physician may discover medical findings that may require this procedure to be ordered.

Our patients have come to expect state of the art care and services and Lakeside Vision, PLLC is committed to providing the very latest in technological innovations to our patients.

Our medical grade digital **retinal imaging** system takes an image of your retina (the back part of your eye) providing a more thorough medical analysis of your eyes. The image reveals a picture of your vision health and establishes a baseline for comparison with future images. Progressive medical changes can be detected quickly and easily with this technology, and you will have the chance to see the results instantly for an educational over view of your eye.

Our physician strongly recommends that all the patients have this procedure performed. It is especially important for patients with:

- Glaucoma OR a family history of Glaucoma
- Diabetes OR a family history of Diabetes
- Hypertension OR a family history of Hypertension
- Macular degeneration OR a family history of macular degeneration

There is an additional charge of $35.00 for this procedure, which may not be reimbursable through insurance. Please check the appropriate box:

- o Yes, I would like this procedure performed
- o No, I do not want this procedure performed

Please note during your examination, the physician may discover medical findings that require this procedure be ordered.

_____ _____

Patient or Guardian Signature Date