



NAME: \_\_\_\_\_  
UGA ID#: \_\_\_\_\_  
GENDER: \_\_\_\_\_  
DOB: \_\_\_\_\_

### CONSENT FOR DILATION

Dilation of your eyes is usually a necessary component of a comprehensive eye exam. Dilation is attained by the application of eye drops to the eye, which enlarges the pupil, usually for 4-6 hours. It can last longer in some people. The purpose of dilation is to allow a more thorough examination of the back of the eye for disease. Most patients are routinely dilated, especially those with high blood pressure, diabetes, or other health problems. Without dilation, some eye diseases may go undetected.

Side effects from dilation include blurred vision, especially at near, and in some people, at distance. You will also be sensitive to bright lights for as long as the dilation lasts. Many people do not like to drive when dilated, so if you want dilation, you may come back another day with a driver. There is no charge for this procedure. Also, there is a small potential for a sudden, significant increase in the pressure in your eye or eyes due to dilation. If this occurs, it requires immediate referral to an eye surgeon for laser treatment. The Doctor will let you know if he thinks you are at risk for this before dilating you, but it still may occur. If you choose not to be dilated, you assume all responsibility for any undetected eye disease that could go undiagnosed without dilation. If you choose to be dilated, you understand and accept all side effects and risks. Please check your preference below, and sign and date.

\_\_\_\_\_ I do wish to have my eyes dilated today

\_\_\_\_\_ I do not wish to have my eyes dilated today

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Clinician/Physician Signature

\_\_\_\_\_  
Date