

INFORMED CONSENT FOR RETINAL SCREENING

Patient Name: Date	e:
Our doctors at Millican Eye Center are committed to providing a we are now offering a high resolution digital retinal screening document the health of the retina, the back of your eye, often This technology is more detailed and accurate than conventionallows us to detect and monitor eye and health conditions a macular degeneration. Finding retinal diseases such as these progression and vision loss. We recommend this test to be examination each year since the health of your eyes can char symptoms. Depending on your specific medical needs, the the retinal screening and dilation.	g, which allows us to assess and without the use of dilation drops on all documentation methods and such as glaucoma, diabetes, and are critical in preventing disease done at your comprehensive eyenge at any time and often without
Dilation – In this procedure, the doctor will use eye drops to temp process allows the doctor to view the entire retina there is no permarecord for future comparison. There will be an additional 10-15 minuteffect. Then the doctor will use a special ocular system with a bright I minute period. Dilation will blur your near vision for a short period, an hours. Driving vision is usually not impaired but may require extra a be provided for your comfort. Dilation is covered as part of your covision insurance plans.	nent "picture" that is stored with your utes wait period while the drops take light to view the retina over about a 2 nd will cause light sensitivity for 4 - 6 attention. Disposable sunglasses will
Digital retinal imaging – In this procedure a digital image of the reforthe art, high resolution digital fundus imaging system. Much like your eye, this technique allows the doctor to view and assess the hwithout all the negative side effects of a pupil dilation. The process captured becomes a permanent part of your medical record for future retinal imaging is not covered by most routine vision insurance plans.	taking a photograph of the inside of nealth of a large portion of the retinal s takes only seconds and the image ure reference and monitoring. Digital
PLEASE CHOOSE ONE OF THE FOLLOWING:	
☐I give my informed consent to have my pupils dilated.	
☐I give my informed consent to have digital retinal imaging.	
☐ I understand and accept the risks with <u>declining both procedures</u> consent to have either procedure.	described above. I do NOT give my
X Legal Guardian Name Pati	ient or Legal Guardian Signature