

## Dilation

Dilation is the process of using eye drops to open the iris (the colored part of your eyes) to obtain a more thorough evaluation of the back of your eyes. A consequence of this will be blurry vision at either distance, up close, or both for 4-6 hours after the drops are inserted. You should expect to be light sensitive as well. Though there are drawbacks to the dilation, but it is a vital part to the overall evaluation of your vision.

Do you wish to have your eyes dilated?  
(circle your answer)

Yes

No

If you circled no, you do hereby acknowledge that you fully and completely understand that you are foregoing dilation of your eyes. You further understand that without dilation, there will be parts of your eyes that are not examined. Without this examination, you may have diseases such as diabetic retinopathy, eye tumors, eye cancers, retinal tears/breaks and other diseases that may have only been detected by dilation. In addition, the aforementioned diseases may cause blindness or even life threatening complications. I promise to hold Dr. Sean M. Hensley and Hutto Vision Care staff harmless in the event that my choice to not dilate my eyes results in any or all personal and/or financial loss.

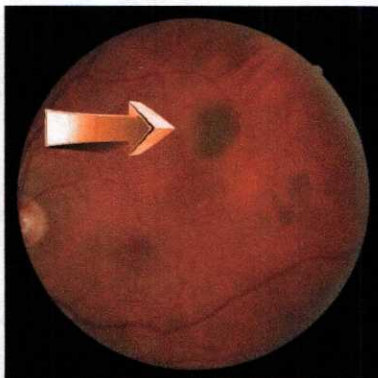
## Retinal Photography

Deterioration or damage to the eye can occur at the microscopic level. To detect these abnormalities, we use a procedure known as retinal photography. This involves using high powered lenses to capture pictures of the back of the eye. Dr. Hensley then reviews the images taken with you and assesses the overall ocular health. This becomes a baseline for all future visits. Early detection of eye disease is crucial to preserving sight. This is a valuable tool that allows us a window in time to your ocular health. **This service is no longer covered by insurance and will be a \$25.00 fee.**

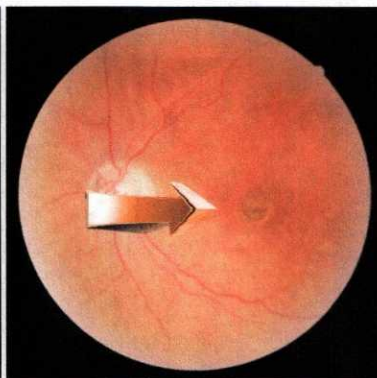
Do you wish to have retinal photography performed?  
(circle your answer)

Yes

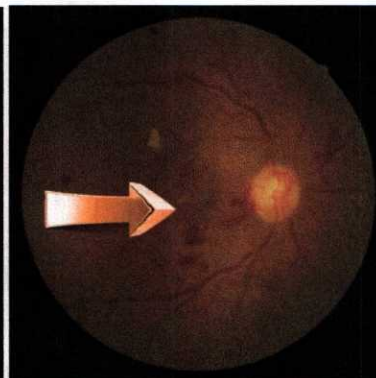
No



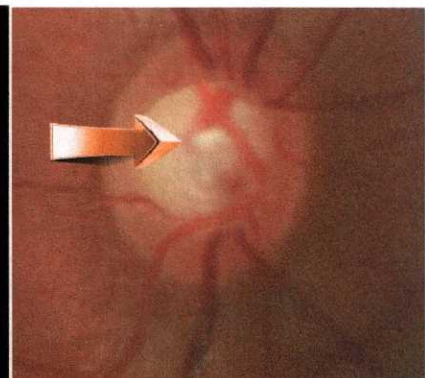
Choroidal Nevus



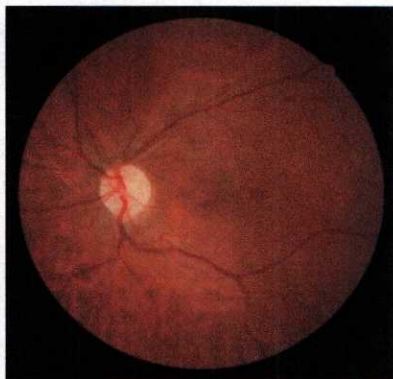
Macular Degeneration



Diabetic complications



Glaucoma



Normal

Patient Name \_\_\_\_\_

Guardian Name \_\_\_\_\_

Signature (self or guardian) \_\_\_\_\_

Date \_\_\_\_\_