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Consent for the use of dilating eye drops

Dilating eye drops are used to enlarge the pupil, allowing our physicians to examine the inside of your eye. For many types of eye examinations, this is typically a requirement.

Dilating eye drops will usually cause visual blurring. The length of time that your vision will be blurred, and the degree to which your eyesight is impaired as a result, varies from person to person. It is not possible for your ophthalmologist to predict how much, or how long your vision will be affected.

Driving, even in low-light conditions, may be difficult, or impossible after an examination with dilating drops, and, if possible, you should not drive yourself afterwards. Instead, we strongly suggest you make alternative arrangements for transportation after your examination. If you do choose to drive yourself, you acknowledge that you understand the risks and accept full responsibility for any injuries to yourself or others. Also, we strongly recommend that you use sunglasses to reduce your increased sensitivity to light while driving.

Adverse reaction, such as acute angle-closure glaucoma, may be triggered from the use of dilating drops. This is extremely rare and treatable with immediate medical attention.

I _____ (Patient Name) hereby authorize

Dr. _____ and/or his or her ophthalmic assistants or nurses to administer dilating eye drops during the course of my treatment.

I understand that these eye drops are necessary to diagnose my condition. I further understand and acknowledge that I have been warned of the potential risks that dilating eye drops may have on my ability to drive and will take appropriate steps to reduce this risk by not driving immediately after my eyes have been dilated. or by wearing sunglasses while driving.

Patient (or patient's authorized representative):

_____ Date: _____

Witness:

_____ Date: _____