

Pupil Dilation and Peripheral Retina Evaluation

Dilating the pupil of the eye provides a widened view into the interior of the eye. It also allows for viewing the periphery (edges) of the retina, using an instrument called an indirect ophthalmoscope. The retina is the thin tissue layer that lines the back portion of the eye. Problems such as retinal holes, tears, detachments, and tumors can be more accurately diagnosed through a dilated pupil. These conditions are generally silent, or without symptoms until in more advanced states. Routine dilation is recommended for **all patients with diabetes, high blood pressure, and moderate to high degrees of myopia (nearsightedness)**, as well as individuals who have **amblyopia (commonly referred to as "lazy eye")**, a condition where one eye is much weaker than the other eye. In addition, all patients with a **history of eye disease or headaches** should be dilated. We recommend a dilated exam for **all patients seen in our office for the first time**.

Dilation of the pupil involves the use of pharmaceutical agents (eye drops). The effect of these drops may last at least 4 hours. You may experience **difficulty reading**, and you may be **extremely sensitive to bright lights**. Some individuals claim to have difficulty driving while dilated. If these effects are of a concern to you, you may return at a later date with a driver for the dilated portion of the examination. All patients who choose to be dilated will receive a pair of disposable sunglasses if needed.

NOTE: This is not a test for glaucoma. All patients whether dilated or not, are tested for glaucoma, as well as other eye diseases. Also, dilation is not required to determine your eyeglass or contact lens prescription. Dilation is an additional diagnostic test which provides the doctor with an enhanced view of the eye; much like an x-ray provides the dentist with an enhanced view of the mouth. Dilation is part of the comprehensive eye examination, therefore, no additional fee shall be charged for this procedure.

Please **check one of the three options below and sign and date where indicated**. Thank you.

_____ I wish to be dilated during today's examination.

Signature: _____ Date: _____

_____ I would like to reschedule dilation for a later date.

Signature: _____ Date: _____

_____ I understand the reasons for dilation, but I choose not to have a dilated exam.

Signature: _____ Date: _____