



Dr. David Bloch
Adult and Pediatric Optometry

Consent for Retinal Evaluation and Documentation

During your eye exam today, the doctor will need to evaluate the health and function of your retina. The Retina is the inside wall of eye and is what detects images for your visual system. Without a normal retina, you cannot see. Since the retina has no pain sensation and you cannot feel you have a problem, it is highly recommended that you have a complete retinal exam. Vision loss is preventable with early detection of abnormalities.

With your consent, you will be given eye drops to open your pupils allowing the doctor to view the retina better. This procedure gives the doctor a more widespread view of the inside of your eyes, just like when you open a door rather than looking through a peep hole in the door. The drops will open or dilate your pupils in approximately 20-30 minutes and wear off in 6-8 hours. The examination takes only 2-5 minutes to complete, but will ensure a lifetime of good vision.

In addition to the retinal exam, it is highly recommended that you allow us to photograph your eyes with a retinal camera. The camera will document the current condition of your optic nerve and retinal blood vessels. At subsequent eye exams, the photos can be used to detect early changes in retinal health at any age. It can also help the doctor find early signs of general health problems such as diabetes, high blood pressure, high cholesterol, immune disorders, and more. The procedure only takes 30 seconds per eye to complete and causes no discomfort.

These procedures are recommended for both children and adults.

Costs: Dilated Retinal Exam Included
Retinal Photography \$39 when done as a baseline record, \$70 if an eye problem is detected

- I consent to letting the doctor give me/my child a complete retinal exam including dilation and retinal photography.
- I am only opposed to the dilation and accept responsibility for any conditions that might be missed by not accepting this procedure.
- I am only opposed to the retinal photography and accept responsibility for any conditions that might be missed by not accepting this procedure.

Patient Signature or Parent Signature

Date