

Dilated Retinal Exams

What is the purpose of a dilated retinal exam?

An eye doctor dilates the pupil of your eye to have a better view of the internal aspects of your eye. It allows the doctor to take a better look for retinal problems, such as degenerations, retinal tears, and retinal detachments. It also allows the doctor to check for more thoroughly for cataracts, glaucoma, high blood pressure, and diabetes of the eye.

How does the dilation effect my vision?

Besides dilated your pupils, the drops also alter your focusing system. Some people complain of blurred vision, especially at near. The dilation will make your eyes more sensitive to light and the use of sunglasses is advised. We can give you a pair of disposable sunglasses if needed. Due to the slightly blurred vision and sensitivity to light, some patients find it difficult to drive. The effects of the dilation will last 3-4 hours.

DR. BARKER RECOMMENDS A DILATED EXAM EVERY TWO YEARS FOR HEALTHY ADULTS. IF YOU ARE DIABETIC, HAVE HIGH BLOOD PRESSURE, EXPERIENCES FLASHES OF LIGHT OR FLOATERS IN YOUR VISION, OR HAVE A HISTORY OF ANY EYE DISEASE, DR. BARKER STRONGLY RECOMMENDS YEARLY DIALTED EXAMS.

Please initial one of the following:

I agree to have my eyes dilated today _____ Date ____/____/____

I prefer not to have my eyes dilated today _____ Date ____/____/____

I would like to have my eyes dilated, however,
I prefer to schedule it for another time _____ Date ____/____/____

Retinal Photo

Dr. Barker is offering a retinal photo screening to all patients. This allows Dr. Barker to keep a picture of the back of your eye so that she can compare the appearance year to year. **The cost of the screening is \$15.00 and will not be billed to your insurance.**

By signing this, I understand that I will be responsible for the cost of the screening.

Signature _____ Date ____/____/____

Contact Lens Fees and Policies

The contact lens exam is not part of the standard comprehensive eye exam and may require follow up visits. Your contact lens prescription is valid for 1 year/12 months. At the end of that year, a new exam and fitting will be required to renew your prescription.

Contact lens exams and fees are not fully covered by insurance. Your contact lens fitting fee will range from \$20-\$80 depending on the prescription, the lens type, and the number of follow up visits required. You will be responsible of these fees at the time of service.

____ **YES** – I wish to proceed with contact lens service. I understand the contact lens fees and policies as stated above.

____ **NO** – I do not wish to proceed with the contact lens service. I understand that it is not possible to receive a contact lens prescription without a contact lens fitting.

Signature: _____ Date: _____