

VIRTUALLY ALL OF THE MAJOR CAUSES OF BLINDNESS IN THE UNITED STATES CAN BE DETECTED BY CHANGES IN THE VISUAL FIELD.

A new and highly sophisticated computerized instrument now enables us to provide a more thorough visual field screening analysis. This instrument checks for the areas of loss of sight both in the central (straight ahead) and peripheral (side-view) areas of vision. Visual field (VF) testing can assist us in early detection of glaucoma, retinal problems, some neurological diseases (such as brain tumors, strokes, and optic nerve disease) and enables us to better diagnose causes of headaches. An individual does not notice most visual field defects until the very late stages of the disease. We are committed to the prevention of eye diseases as well as early detection, which significantly increases the chances of curing the disorder or at least minimizing the effects. We strongly recommend that **ALL** of our patients receive this VF test as part of their comprehensive visual analysis. The additional fee for this test is \$15.00. Please check the appropriate box below stating your preference and sign this form. If you have any questions, the doctor will be happy to discuss this in more detail with you.

I DO WANT THE VISUAL FIELD SCREENING TEST

I DO NOT WANT THE VISUAL FIELD SCREENING TEST

Patient/GuardianSignature: _____ Date: _____

DILATION CONSENT

Dilation is required to thoroughly inspect the eye for the presence of tumors, retinal detachments, glaucoma, vascular disease, cataracts and other potentially serious abnormalities. For some younger patients dilation is essential to properly measure the eye's visual prescription for spectacles. The doctor considers the use of dilation drops to be medically necessary for virtually ALL patients. It is to your benefit that we dilate your eyes. **NOTE: *Due to widening of the pupil, dilation will affect the comfort of many patients when reading and cause some light sensitivity (usually lasting 3-4 hours). We will provide you with sunglasses. Most patients feel comfortable driving (with caution), but if you would prefer to reschedule to bring a driver, please let us know. If dilation is going to be difficult for you today with activities that you may have planned, we would be happy to reschedule this for a more convenient time.*** Please check the appropriate line below and sign at the bottom:

I ACCEPT dilation

I DECLINE dilation

I would like to RESCHEDULE dilation

Patient\GuardianSignature: _____ Date: _____

