

Optical Release

Treatment & Dilated Fundus Exam Consent

Name: (Last) _____ (First) _____ (MI) _____ Date of Birth: _____

Printed Name of Parent or Legal Guardian (If applicable): _____

Treatment Consent

I understand that treatment provided to me by any optical, medical, dental, nursing students, LISW, or PsyD staff will be properly supervised by a licensed practitioner. I am giving permission for any exams, tests, or other services that the provider believes are needed. Center Street Community Health Center and Morrow Family Health Center makes sure that all staff who need licensed by the State of Ohio have the proper credentials. I understand and agree that I will participate in the planning of my care, treatment, and/or services. I understand that I may stop care, treatment, and/or services at any time. I also understand that there are no guarantees that treatment will be successful.

CSCHC and MFHC have right to treat me without consent only in three situation:

1) Emergencies 2) When non-verbal communications show implied consent 3) When legally bound to treat.

Signature: _____ **Date:** _____

Information about the Dilated Fundus Exam

Dilation involves instilling eye drops for the purpose of enlarging the pupils of the eyes to better check the health of the inside of the eyes.

The pupils are simply an entry way/opening to the inside of the eye. Looking through an *undilated* pupil is similar to looking into a room through a keyhole in the door. The doctor may see only about 20% to 50% of what is inside.

However, looking through a *dilated* pupil is like looking into a room through an open door. The doctor gets a complete view of the inside of the eye.

A dilated fundus exam is recommended routinely at the time of your initial exam for baseline recording and usually every other full eye exam thereafter (about every 2 to 3 years). It should be completed annually if you have any of the conditions listed under **Benefits** below.

Benefits

Dilation allows the doctor a better view of the peripheral retina for disease. It is highly recommended if you or your family have a history of high blood pressure, diabetes, past retinal problems (i.e. retinal detachment/tears), or extreme nearsightedness. It is also recommended if you have experienced sudden cloudiness of vision, especially in one eye, "curtain or veil-like" obstruction of vision, a sudden onset of many "floaters", or flashing lights off to the side of your vision.

Risks

You may notice some blurring of vision and glare because of enlarged pupils for about 2 (but up to 6) hours. You should not operate heavy equipment or drive an automobile unless you are comfortable with your vision. You may have difficulty with near reading for 1 to 2 hours. The focusing ability is impaired and may cause a slight headache if you try to read. In some rare cases, there may be redness or sharp pain because of induced ocular hypertension. If this happens, contact the doctor immediately.

I have read and understand the above information.

Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

If you do not agree with these terms, we will be unable to serve as your provider.