

## **PUPIL DILATION**

### **SOME PATIENTS REQUIRE "DROPS" IN THEIR EYES AS PART OF THEIR EXAMINATION**

CERTAIN MEDICAL CONDITIONS, HIGH PRESCRIPTIONS AND VISUAL SYMPTOMS REQUIRE USING "DROPS" TO OPEN THE PUPIL VERY WIDE. NOT ALL OF THE RETINA (BACK OF THE EYE) CAN BE SEEN BY DIRECT OBSERVATION THROUGH A NORMAL PUPIL. THE FAR EDGES OF THE RETINA ARE VISIBLE ONLY THROUGH A WIDE OPEN PUPIL. CONDITIONS SUCH AS RETINAL DETACHMENT, RETINAL THINNING AND PIGMENT ABNORMALITIES ARE MORE EASILY VIEWED BY THE DOCTOR WHEN THE PUPIL IS WIDE OPEN.

DILATING THE PUPIL WITH DROPS MAY CAUSE SOME TEMPORARY BLURRING OF THE VISION. WE ADVISE THAT USE EXERCISE CAUTION IN OPERATING ANY EQUIPMENT OR MACHINERY, INCLUDING DRIVING, UNTIL THE EFFECTS OF THE DROPS HAVE WORN OFF.

### **OUR PROFESSIONAL STAFF WILL DISCUSS DILATION WITH YOU PRIOR TO USING ANY DILATING "DROPS"**

YES \_\_\_ THE PUPIL DILATION IS REQUESTED NO \_\_\_ THE PUPIL DILATION IS DECLINED

---

---

## **FINANCIAL RESPONSIBILITY STATEMENT**

### **TO OUR PATIENTS WITH VISION INSURANCE BENEFITS:**

WE WILL BE HAPPY TO HELP YOU FILE YOUR INSURANCE CLAIM FORMS OR TAKE ASSIGNMENT ON YOUR VISION BENEFIT. PROPER VISION CLAIM FORMS AND AUTHORIZATION WILL BE REQUIRED WHERE APPROPRIATE FOR US TO ACCEPT YOUR BENEFIT AS PAYMENT.

WE WILL DO ALL THAT WE CAN TO HELP YOU RECEIVE MAXIMUM BENEFITS. HOWEVER, IN THE EVENT THAT THE PLAN SPONSOR DETERMINES THAT YOU ARE NOT ELEGIBLE AT THE TIME OF SERVICE, OR MAKES A DETERMINATION THAT YOU ARE ELEGIBLE FOR A REDUCED LEVEL OF COVERAGE.

BY SIGNING THIS STATEMENT YOU DO HEREBY AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY AND ALL OF THE CHARGES INCURRED BY YOU ARE NOT PAID BY THE PLAN SPONSOR.

DEDUCTIBLES AND CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_