

DILATION CONSENT AND INFORMATION FORM

Dilation involves enlarging the pupil of the eye so that Dr. Sedgewick can get a **better view** of your retina. This is the **only way** to see a large number of eye diseases and without dilating, important diseases and conditions **will be missed**. Unfortunately, dilation also involves significantly **blurring** your near **vision** as well as potentially blurring your distance vision. It is sometimes impossible to predict how much your distance (or driving) vision will be affected by dilation, although far-sighted patients are more likely to have their distance vision affected by dilation. For some patients, dilation can blur your vision to the extent that **driving, operating machinery** and even **walking** can become **unsafe**. These effects can last 4-6 hours. Sunglasses can reduce some of these effects and disposable sunglasses will be made available to you should you decide to have your eyes dilated.

Despite these side effects, I recommend that you consider dilating your eyes as often as Dr. Sedgewick recommends. If you are nervous about dilating your eyes, a morning appointment can be made available to you so that you can wait for the dilating drops to wear off or you can arrange to have someone drive you home after the exam.

I give consent to have my eyes dilated:

Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No	Yes/ No
____/____	____/____	____/____	____/____	____/____	____/____
Initial/date	initial/date	initial/date	initial/date	initial/date	initial/date