

Premier Eye Care, Inc.
Dr. John M. Porter, OD and Associates
Informed Consent Pupillary Dilation

We routinely perform pupillary dilations in this office. While not every patient requires dilation at every visit there are certain circumstances where Dr. Porter and his staff will always recommend this simple procedure. You will find a partial list of these situations at the bottom of this page.

Dilation involves the installation of one or more drops that temporarily enlarge the size of the pupil of the eye. This allows for a thorough evaluation of the peripheral retina of the eye. This is especially useful since peripheral retinal conditions often don't have symptoms such as blurry vision or eye pain initially. Another benefit in young children is that dilation can temporarily suspend the youthful eye's powerful lenticular focusing system resulting in a more accurate refractive assessment. Side effects of dilation include sensitivity to light especially sunlight and "soft focus". Temporary sunglasses are available as a courtesy at your request and of course we recommend caution while driving. Any other side effects are extremely rare. The effects of dilation usually wear off in 2 to 3 hours, but rarely may last significantly longer.

One other alternative to pupillary dilation for ocular health assessment is non-mydratic digital retinal photography. Fundus photographs can give the doctor a 60% - 70% view of the internal eye without dilation. A complimentary copy of the photos can be provided to you for your records at your request. Keep in mind that retinal photos require an additional charge that can only be covered by insurance if a medical eye condition justifying the procedure is detected.

Situations Requiring Dilation

First eye exam

- 2 or more years since last dilated exam
- Personal ocular history of glaucoma, retinal disease, or trauma
- Personal medical history of high blood pressure or diabetes
- Current ocular symptoms of sudden visual loss, eye pain, or seeing flashes or floaters.
- Visual acuity not correctable to 20/20

Please indicate a selection below

- Yes, I would like my eyes dilated
- Yes, I would like my eyes dilated but need to schedule at a later time
- No, I wish to forego dilation but I would like retinal photography today
 - check if photo copies are desired
- No, I wish to forego a dilation or retinal photography today

Patient Name _____ Date _____