

**RETINA CONSULTANTS OF HOUSTON**  
6560 Fannin Street, Suite 750 Houston, TX 77030  
Phone (713)524-3434 FAX (713)524-3220

**PATIENT INFORMATION AND CONSENT FOR**  
**DILATED OCULAR EXAMINATION**

Dear Patient:

In order for the physician to perform a thorough evaluation of the retina and vitreous of your eyes, it will be necessary that your eyes be dilated prior to this examination and all future examinations in our office. This is a simple procedure, consisting of instilling drops in both eyes.

The effects of the dilation usually take four to six hours to wear off. During that time, you may have difficulty with focusing for near visual activities. You may also experience problems with driving, due to increased sensitivity to light during this period.

RE: \_\_\_\_\_ (PATIENT)

I have been informed of the potential risks and problems that I may experience as a result of having my eyes dilated. I consent to dilation of my eyes for this examination, as well as any future examinations by a physician with Retinal Consultants of Houston.

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Signature, Patient or Legal Guardian/Representative

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Name Printed, Patient or Legal Guardian/Representative

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Signature/Name Printed/Witness

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Date