

VITREORETINAL CONSULTANTS
6560 FANNIN ST. SUITE 750 HOUSTON, TX 77030
PHONE 713-524-3434 FAX 713-524-3220

PATIENT INFORMATION AND CONSENT FOR
DIALATED 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 which 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 Vitreoretinal Consultants.

Signature, Patient or Legal Guardian/Representative

Name Printed, Patient or Legal Guardian/Representative

Signature/Name Printed/Witness

Date