

EYE CARE

FAMILY VISION CENTER

A MEMBER OF *VISION SOURCE*

Acknowledgement of Pupil Dilation:

I understand that the Doctor recommends dilation of my pupils to more thoroughly evaluate the internal health of my eyes. Florida Board of Optometry requires dilation for a patient's first comprehensive eye examination unless there are medical reasons or a personal decision for it not to be performed.

Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your Doctor to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it is best if you make arrangements not to drive yourself.

Dilation is necessary to evaluate the internal health of your eyes, and to look for signs of eye disease, diabetes, retinal detachment and/or malignant tumors.

Acknowledgement of Receipt of Privacy Practice /Financial Agreement

I have reviewed and received a copy of this office's Notice of Privacy Practice. A copy is available upon request. I acknowledge that I have been offered a copy of the Notice of Privacy Practices.

I agree to pay for all professional services on the day rendered, and acknowledge that professional fees are non-refundable.

Patient Name _____

Patient/Guardian Signature _____ Date: _____