

Dr. Nora Gindi
Developmental Optometric Physician

PATIENT INFORMED CONSENT FOR PUPIL DILATION

Florida Board of Optometry requires optometric physicians to perform a dilated exam of the retina during a patient's first visit unless the patient declines. Dilation drops enlarge your pupils with minimal side effects.

Side effects may include:

1. Increased light sensitivity
2. Blurring of near vision
3. Distance vision is minimally affected (most people are able to drive home; some people prefer to have someone else drive).

I understand that Dr. Gindi recommends pupil dilation to more thoroughly evaluate the internal health of my eyes. Without dilation, serious eye diseases, such as diabetes, retinal detachment or malignant tumors (which can result in blindness, loss of an eye, or even death) could be present and not seen by her. I understand that there is not an alternative procedure that can replace dilation of my pupils. I agree to indemnify, hold harmless and waive and release from any and all claims, legal actions and attorney fees which may arise as a result of my failure to comply with the instructions of Dr. Gindi.

Please check one:

I understand the risks and wish to have my eyes dilated

I will be responsible for rescheduling my dilation

I refuse the dilation

Printed Name: _____ Date:_____

Signature: _____ (parent or guardian if minor)