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There are 2 methods to assess the health of the retina inside your eyes:
Optomap and dilation of your pupils.

These help our doctors evaluate you for:

- Physical changes of the eyes (like glaucoma, macular degeneration, and retinal detachments, all of which can affect the eyes without any symptoms)
- Systemic diseases of the body (like diabetes, hypertension, blood disorders, and cancer, all of which can affect the eyes without any symptoms)

1. Dilation: Do you have any of these conditions below?

Diabetes, Macular Degen, Retina problems, Glaucoma, Highly Nearsighted (-6.00 D or >), Floaters

If YES, then Dr. Duvall, Dr. Baird, & Dr. Grace strongly recommend dilation every year.

Dilation eye drops may cause blurry vision for near work and cause sensitivity to light. These effects usually last 3 to 5 hours. We can provide disposable sunglasses for you. Although most people are fine to drive after being dilated, some patients feel more comfortable having someone else drive.

NOTE: Dilation eye drops are sometimes required to accurately examine the refractive system so that the proper glasses prescription can be obtained. This is common in children under the age of 12 years old.

2. Optomap:

We now have new technology, Optomap, that takes a scan of the retina. Because it is like a picture of the retina, your doctor will show you an exact appearance of the inside of your eyes. These scans will remain in your permanent record for reference on future visits. Insurance does **not** cover Optomap. Generally not recommended for children under 10 years old.

No blurry vision or light sensitivity. It is quick & simple, and only takes 2 to 3 minutes to complete.

****Sometimes Optomap reveals a problem that will ALSO require dilation for further evaluation****

Optomap is an excellent diagnostic and educational tool, but dilation is still recommended every 2 to 3 years.

Please choose **ONE** option below:

Choice 1: I **do** give permission for Optomap to be performed (\$29 fee)

Choice 2: I **do** give permission to be dilated (no additional fee)

Choice 3: I **do** give permission to be dilated & I **also want** Optomap to be performed (\$29 fee)

Choice 4: I **do not** give my permission to be dilated and I **do not** give my permission for Optomap and will not hold the doctor responsible or liable for any pathology not diagnosed as a result of this omission (Not recommended)

Patient (or parent) signature: _____ Date: _____