Cushing Vision Center

Dr. Jessica Fielding Zwanziger
Dr. Brian Zwanziger
Dr. Claire Fielding Moore

Consent For Dilating Eye Drops

A variety of eye drops may be administered during the course of your eye exam. Dilating drops enlarge the pupils of the eye to allow the examination of the inside of your eye. These drops usually cause blurred vision. The length of time vision will be blurry and the degree of the eyesight impairment varies from person to person. It is not possible for your doctor to predict how much or how long your vision will be affected. Driving may be difficult after the examination with dilating drops.

If you choose to drive yourself, you acknowledge that you understand the risk and accept full responsibility of any injuries to yourself or others. Also, we strongly suggest you use sunglasses to reduce the increased sensitivity to light while driving. Although uncommon, the potential of adverse reactions from the eye drops does exist, such as acute angle closure glaucoma, which may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention.

You hereby authorize Dr. Zwanziger and or assistant to administer dilating eye drops or other eye drops during the course of your treatment. You understand that these drops are necessary to diagnose your condition.

_____ _____

Patients Name Patient Signature (authorized representative)

HIPPA

I acknowledge that I have received a copy of Cushing Vision Center Notice of Practices/Patient Financial Agreement.

Patient Name:_____

Signature:_____ Date:_____

I authorize the following people to obtain my information and medical records.

Name:_____ Relationship:_____ Phone: _____

Name:_____ Relationship:_____ Phone: _____

Name:_____ Relationship:_____ Phone: _____

Name:_____ Relationship:_____ Phone: _____