Patient's Personal Information

Informed Consent for Dilation of the Eyes and Fundus Photography

Date of last eve exa	h your eyes, the Doctor recommen he Doctor to get an enhanced : MR	In order to further examine the health o Order to dilate your pupils. This allows t
	ss. A fundus photo also allows the C	
Last Name:		Mid. Initial:
Date of Birth:		Boctor strongly recommends dilation to
Sex: Male:, Fe	male:	 High blood pressure Diabetes
Street Address:		 Headaches/Migraines
City:	State: Zip	o code:
Cell phone number		 Under the age of 12
	imber: <u></u>	
Occupation:	Hammed vision for no close mading	You may experience <mark>light sensitivity and</mark>
Email Address:	a an	Tou may experience right servicing one Drive home after a dilated exam.
Do you have insura	nce? Yes, No	There is a \$75 fee for dilation and \$95 f
		Plans and will be an out of pocket expen
Policy Holder's Nam	ne:	DiseY
Policy Holder's Date	e of Birth:	90.01.1 (0.001)
Member ID number	r:	Second and a second s Second second seco
	Person:	Check one
Emergency Contact	Number:	Check one