

Dilation Consent Form for Buffalo/Marshfield Eye Clinics
Drs. Kramer, Newcomb, Burks & Yarnell, Optometrists

In order for us to properly assess your eye health, we must routinely perform a dilated examination of your eyes. Dilation may cause blurred vision and glare for some patients for about 4-6 hours. We will provide temporary sun protection for you to use following the dilation. If you do not receive these glasses from the front desk following your examination, please request some. While these glasses help reduce light sensitivity and glare, the doctors recommend that you do not drive for the first few hours following dilation due to the blurred vision and glare. Also, it may not be safe to operate heavy machinery or hand tools during this time. If you have not brought a driver with you, we will be glad to let you use our telephone to call someone to pick you up or you may remain in the office until the dilation side effects have subsided. You may reschedule the dilation portion of the examination if another day would work better for you.

I have thoroughly read the information regarding dilation and I fully understand that my vision may be blurry and affected by glare for several hours following the examination.

Signature: _____ Date: _____

I do not want to have my eyes dilated at this time I understand that my optometrist may not be able to detect vision threatening conditions in my eyes without dilation.

Signature: _____ Date: _____