CRYSTAL OPTICAL

Crystal Optical shares the philosophy that a dilated eye examination allows for a much more comprehensive look at the internal segment of the patient's eye. The iris's normal response to bright light is to constrict, making the pupil smaller, reducing the "viewing area" for the doctor. By using a topical muscle relaxant, the muscles that control the pupillary reflex are temporarily disabled, preventing the iris from constricting and actually causes the pupil to dilate. This allows the doctor a much larger viewing area. Listed below are the criteria which warrant a dilated examination:

All first time patients	Sudden vision loss (full or partial)
Cataracts	High Myopia (greater than -4.00)
All diabetics	Hypertensive patients (High blood pressure)
Any systemic disease	Collagen Vascular Disease (Lupus)
Aphakia or Pseudophakia	Ocular injury or history of head trauma
Family history of retinal disease	Abnormal pupil reflex
Patients over 40 years of age	Reduced VA without any apparent reason
Symptoms of Flashes or floaters	History of Cancer
Taking Certain Medications: Plaquinel, Prednisone, Thorazine, etc)	

Please advise the Doctor if you have experienced adverse side effects from being dilated.
Dilating your eyes makes the pupils unusually large and you will have blurring of your vision for approximately 3 to 6 hours, especially things that are close to you. However, your near vision will improve in I to 2 hours. Please be aware your eyes will be sensitive to sunlight. Post mydriatic shades will be provided to you. Side effects from dilation drops rarely occur, but if you experience any pain in/around your eyes, hazy vision, halos around the lights, or a sick feeling, please contact your eye doctor immediately or seek care at the ER/Urgent Care.

Patient Decline Statement
I have read the above and understand that if I fall under any of the above criteria that Crystal Optical Doctors strongly recommend that I be dilated. I understand that by declining to be dilated the Doctor can not get a full view of my eyes.

1 am DECLINING to be dilated [ ] 1 am AGREEING to be dilated [ ]

Patient/Guardian Signature: _____ Date: _____

Doctor's Verification Signature: _____ Date: _____