

PUPIL DILATION AND DIGITAL RETINAL IMAGING

Dr. Stickelberger recommends pupil dilation and digital retinal imaging as part of your comprehensive eye examination. Retinal examination through a dilated pupil allows for the inspection of the internal periphery of the eye for the presence of retinal detachments, tumors and other sight threatening disorders. This will require placing drops in your eyes that will open the pupil and allow a better view of the inside of your eye. The drops used can take 20-30 MINUTES to take effect, will BLUR your vision (more at near) and leave you SENSITIVE TO SUNLIGHT FOR 2-6 HOURS. Our office recommends that you have someone to assist you with driving after your appointment.

Digital retinal imaging assists Dr. Stickelberger in the early detection of other ocular disorders such as glaucoma; macular degeneration; diabetic retinopathy; and high blood pressure. During this painless procedure, a digital photograph is taken of your eye. It is NOT an X-ray and nothing touches your eye. The **advantage of digital imaging** is that it provides a permanent record of your retina to be compared to future exams. It allows for the earliest possible detection of changes. Digital retinal imaging reduces the likelihood of eye dilation, but does not replace it.

If you choose not to have your pupils dilated, then digital imaging can be performed without pupil dilation. This provides a more thorough view of the retina than a non-dilated examination.

THERE IS NO ADDITIONAL CHARGE FOR DILATION THE FEE FOR DIGITAL RETINAL IMAGING IS \$39.00

Dr. Stickelberger recommends pupil dilation AND digital retinal imaging for patients with diabetes, retinal disease, flashes, floaters, glaucoma, macular degeneration, a high degree of nearsightedness or other health conditions. Dr. Stickelberger recommends pupil dilation OR retinal imaging every year for all patients.

Yes, I wish to have Digital Retinal Imaging (\$39.00)

Yes, I accept pupil dilation today (no charge)

I decline Digital Retinal Imaging

I decline pupil dilation today

*Despite your note to decline, your doctor may still recommend this procedure once in the examination room.

Patient name _____

Signature _____ (parent if under 18)

Date _____