



## Indian Creek Family Eye Care

1700 12th Street, Suite A, Hood River, Oregon 97031

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icfec.com

### Informed Consent for Dilating Eye Drops

Dilating drops are used to dilate or enlarge the pupils of the eye to allow the doctor to get a better view of the inside of your eye.

Dilating drops frequently blur vision for a length of time, which varies from person to person. They may also make bright lights bothersome. It is not possible for your optometrist to predict how much your vision will be affected. Driving may be difficult immediately after an examination, so it is best if you make arrangements not to drive yourself when you leave our office. If your child is dilated, he/she will have difficulty in completing schoolwork and homework. In addition, he/she should not participate in contact sports on the day of dilation.

I hereby authorize Indian Creek Family Eye Care to administer dilating drops. I understand that eye drops are necessary to diagnose my condition and/or examine my eyes and that dilating drops may be put into my eyes each time I am examined or treated at the office of Indian Creek Family Eye Care.

\_\_\_\_\_  
Patient (parent/legal guardian if minor)

\_\_\_\_\_  
Date

### Refraction Policy

Refraction is the process of determining the eye's refractive error and testing for best corrected vision, or need for corrective lenses (glasses or contacts). It is an essential part of an eye examination, but is not considered vision care and is NOT a covered service by Medicare and/or certain insurance companies. It is in addition to your co-pay which is for the medical part of your exam. Our office fee for refraction is \$40.00 and this fee is collected at the time of service (on the day of the exam).

### Acknowledgment

I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service. The co-pay is separate from, and not included in, the refraction fee.

\_\_\_\_\_  
Patient (or parent/legal guardian)

\_\_\_\_\_  
Date