Norcross Eye Center LLC Acknowledgement of Informed Consent

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this form, I acknowledge that I understand all above:*

*Patient or Guardian (if under 18 years old) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date: \_\_\_\_\_\_\_\_\_\_\_\_\_*

***Visual Fields Testing***

*Fields Test as part of comprehensive visual analysis. This instrument checks for loss of sight, both in central and peripheral areas. Visual field testing can assist us in early detection of Glaucoma, retinal problems, some neurological diseases (such as brain tumors and optic nerve Disease) and enable us to better diagnose causes of headaches. Most insurance companies WILL NOT PAY for this Field Testing, there is a small cost associated with this test due at the time of the visit. Visual Field screening cost is* ***$25***

*Please check one: \_\_\_\_ I want to have the Visual field done today. \_\_\_\_\_I DO NOT want the Visual field today*

***Dilated Fundus Exam***

*Medical research indicates that many people need their pupils dilated to rule out any eye disease that may cause the loss of their sight or worse. The dilated fundus examination is recommended for all patients who are new to the practice, diabetics, those with High blood pressure, lupus, those with symptoms of floaters or flashes, those with a history of retinal problems, those who are highly near-sighted, those with a history of cancer, those having experienced blunt head trauma within 5 year, those with unexplained headaches, those with unexplained vision loss or at your doctor’s discretion.*

*The drops that are used to dilate your pupils require about 20-25 minutes to take effect and will keep your pupils dilated for 2 to 4 hours. However, your near vision will improve in 1-2 hours. The dilation will cause your vision to be temporarily blurry. Also your eyes will be sensitive to sunlight, possibly making driving home and continuing your day’s activities somewhat difficult even with sunglasses. Therefore, if necessary, we can reschedule your dilation for a more convenient time.*

*Side effects from the drops rarely occur, but if you experience ANY PAIN IN OR AROUND YOUR EYES, HAZY VISION (halos around lights) OR A SICK FEELING, PLEASE CONTACT THE DOCTOR IN OUR OFFICE AS SOON AS POSSIBLE.*

*Please check one: \_\_\_\_\_\_\_I want to have the Dilation done today. \_\_\_\_\_\_I DO NOT want the Dilation today*

*I acknowledge that I have received or offered the HIPAA notice of Privacy Practices which describes the uses and disclosures of my protected health information by the Practice and informs me of my rights with respect to my protected health information.*

*Patient or Guardian (if under 18 years old) initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*