

Dilation Questions & Contact Information:

Please read, initial, and sign below:

Dilation Policy: A comprehensive yearly eye exam includes a retinal examination to rule out breaks in the retina, blood vessel damage from diabetes and other systemic diseases, and retinal diseases such as macular degeneration. Dilation is routine and carries no extra cost.

_____ YES, I consent to having dilating drops administered today. I understand dilation drops result in difficulty with reading/computer work AND light sensitivity, especially in sunlight, for the next 3-4 hours.

_____ NO, I decline having my eyes dilated today and agree to hold the practice harmless as a result.

Photos: Dr. Burgess recommends **Digital Retinal Screening** that allows for better detection, and documentation of potential eye disorders, such as glaucoma, macular degeneration, and diabetic macular edema. The **fee for this procedure is \$39** and is **not** covered by vision plans.

_____ YES, I agree to retinal photos today and I accept the \$39 fee.

_____ NO, I do not want retinal photos today.

HIPAA: I acknowledge the re-acceptance of Shannon M. Burgess, OD, **Notice of Privacy Practices and Financial Policy**.

_____ YES _____ NO

Contact Info:

_____ YES, I acknowledge the acceptance of receiving text messages from Valley Forge Eye Care and the biller regarding appointments, patient information, payments, and order updates.

_____ NO, I do not wish to receive text messages from Valley Forge Eye Care regarding appointments, patient information, and order updates.

Please update your:

Email: _____

Cell Number: _____

Date: _____ Patient/Guardian Signature: _____