Dr. Howard A. Sherman. O.D.

Patient Name:	Date of Birth:	Patient #:
	Dilation Consent	
eyes. Dilation is necessary to the	stic procedure that allows a more complete assess thoroughly inspect the eye for the presence of tum rmalities. This procedure has been recommended ough eye health possible.	ors, glaucoma, retinal detachments,
of the following: Care needs to driving in familiar areas. If trave arrangements for someone to of These side effects should last n provide a pair of sunshades to lexam, there is NO charge it's	relatively painless procedure. If you agree to be do be taken in driving back to work or home, though eling a long distance, you may choose to reschedularive you. Focusing at close distances will likely be no longer than 5 to 7 hours . Please bring a pair of help cut down the increased light sensitivity. If the included in exam fee. However , if you elect to rece of \$45.00 will be charged, which is not billater.	most patients find little difficulty in ule the dilation, or make other e impaired until the dilation wears off. f sunglasses with you or we will be dilation is done today, during your eschedule the dilation for a different
I have read and understand	d the above and below.	
N _{o(} Initial), I would like a comprehensive exam with dilar.), I have elected NOT to have this test done and the state of the state	nd I release Dr. Howard A. Sherman
	m my NOT having this test performed. I underst terest for evaluating the health of my eyes; how	•
Signature: X		Date →
If you are <u>NOT</u> the patient:		
PRINT your name: ->	Relations	ship to patient: ->
	Retinal Photograph Consent	
pictures are kept in your file so evaluated more objectively. The photographs document the block eye problems at the earliest posts.	patients over the age of 7 have a photograph take that views of the retina can be compared and the nese photos are used as a baseline from which to nod vessels, nerves, and retina of the eye, thus enaissible moment. Our charge for this procedure discount if the photographs are done on the sam all plans do.	health of your eyes can be monitor your ocular health. The abling us to detect and treat many is is \$85. But, for those without
•	ily history of diabetes, high blood pressure, glaud	coma or vascular disease should
absolutely have these pictures	s taken to document the health status of your e	ves.
), I want retinal photographs of both eyes, <i>IF TI</i>	
	s my responsibility to make a separate appointmer	ıt.
No - (<u>Initial</u>),	$m{I}$ do not wish retinal photograph at this time.	
Signature 🗶		Date→
If you are NOT the patient: Pl	RINT vour name: →	

Relationship to patie	nt: >