



**MINOR CONSENT FORM
(16 to 18 years of age)**

I authorize the Doctor to take a history, perform an eye examination, dilate my child’s eyes, and perform diagnostic testing if medically indicated. If treatment is needed the doctor will attempt to reach a parent or guardian listed on their hipa form.

SCREENING PHOTO

Our doctors require an annual eye screening photo and mac screening (over the age of 40) take of the internal structure of your eyes. This photo screens for a variety of diseases that may affect your eyes including glaucoma, diabetes, macular degeneration and retinal tumors. This service allows doctors to better care for your eyes as it assists them in detecting subtle retinal findings and monitoring for retinal changes and/or disease progression over the years.

The cost of this test is \$25.00 at your expense that is due at the time of your exam. Because this screening photo is considered preventative in your insurance company your insurance will not pay for this procedure. Please ask us if you have any questions.

_____ YES, I understand my child needs these additional tests completed by the Doctor.

I understand, even though I will not be present, complete payment is due at the end of my child’s appointment and will be available by phone and/or my child will have payment with them.

My child, _____, has the right to use my credit card as a form of payment for her exam, glasses and other medical needs at the Virginia Eye Clinic.

Dilation Consent / Waiver

As part of your annual eye exam, our doctors highly recommend having your eyes dilated in order to examine the retina and other internal structures of the eye. Dilation consists of placing drop(s) in your eyes that enlarge the pupil (the black circle in the center of the colored part of your eye). On average, it takes 15 - 30 minutes for the drops to effectively dilate your eyes. Because your pupils are enlarged, you will experience increased discomfort from bright lights and sunlight as well as blurred vision, mostly when reading. On average, these symptoms last three to six hours. For your comfort, you will be provided with disposable sunshades at the completion of your eye exam. The duration and severity of symptoms or dilation vary in each individual. You should use caution when driving or engaging in other hazardous activities when your eyes are dilated.

Dilation is especially important if you or a family member have diabetes, retinal disease flashes or floaters, glaucoma, cataracts, macular degeneration, or a moderate to high degree of nearsightedness. In some cases, dilation may be the only way to detect diseases of the retina. Occasionally, dilation is medically contraindicated. Dilation is covered by Medicare and other insurance companies if your exam is medically necessary.

_____ YES, I understand my child’s eye will be dilated at this exam

Patient/Guardian Signature: _____ Date: _____