SOUTHERN CALIFORNIA DESERT RETINA CONSULTANTS
IMPORTANT NOTICE

I understand the pupils of my eyes will be dilated during each exam I undergo at Southern California Desert Retina Consultants. I accept that the dilation will impair my vision for a period of time, especially in bright light. I agree to wear dark eyeglasses for my use. Disposable sunglasses at the office are available for my use. I understand that the doctor(s) recommend that I avoid driving or engaging in activities that may require clear vision until the effects of the eye drops are resolved.

PATIENT/RESPONSIBLE PARTY SIGNATURE ________________________

DATE ____________