

***MONTGOMERY EYE CENTER***  
***Patient Acknowledgement Regarding:***

***Precautions Following Dilation***

Dilating drops are used to dilate or enlarge the pupils of the eye to allow the ophthalmologist to get a better view of the inside of the eye. Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your ophthalmologist to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it's best if you make arrangements not to drive yourself. Adverse reaction, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention.

***Refraction Service and Fee***

One of the most important parts of your eye exam is the refraction. That is the part of the exam by which we determine whether you can be helped in any way by a new glasses prescription. It is also how we determine the best possible visual acuity and function of your eye, which is essential medical information for us to have as we assess your eyes and look for problems.

The refraction is NOT a covered service by Medicare and many other insurance plans. These plans consider refraction a "vision" service and not a "medical" service. **The fee for refraction is \$45** and unless your plan automatically covers the refraction charge, this fee is collected at the time of service in addition to any co-payment your plan may require. Should your plan pay for the refraction, we will reimburse you accordingly.

***Contact Lens Evaluation and Fee***

If you are having an eye examination and wear contact lenses, our professional staff will be evaluating your current contact lenses to determine the present appropriateness of your lenses. Contact lens prescriptions are valid for one year. An evaluation is necessary every year in order to renew your prescription. *Additional fees apply for significant changes to your contact lens prescription.*

**The fee for this contact lens service is \$35.00 and is collected at the time of service.**

This fee is in addition to any copayment or deductible your plan may require. Should your plan pay for the Contact lens evaluation, we will reimburse you accordingly.

I have read and understand the above information. I accept full financial responsibility for the cost of a refraction and/or a contact lens evaluation, if provided, and understand payment is due at time of service. I understand that any copayment, coinsurance or deductible I may have are separate from and not included in either the refraction fee or contact lens evaluation fee.

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**Patient's Name (Printed)**

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**Signature**

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**Date**