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**INFORMATION REGARDING DILATING EYE DROPS**

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 your 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.** I hereby authorize Drs. RAMIREZ & POULOS, M.D., P.A. and/or such assistants as may be designated by him/her to administer dilating eye drops. The eye drops are necessary to diagnose my condition.

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\_\_\_\_\_  
Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date

The refraction portion of the eye exam is performed to determine if glasses, or a change in your current spectacle correction, will provide the best vision possible. A written prescription is given if this would be helpful in improving the patient's visual acuity level. Please be aware and informed that you may be refracted as part of the eye examination, and that most insurance plans, including Medicare, do not cover this portion of the examination. **Our office fee for refraction is \$45.00 and unless your plan automatically covers for the refraction charge, this fee is collected at the time of service in addition to any co-payment or deductible your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly. If you are currently seeing 20/20 with your present prescription, the refraction may not be required. You also have the right to decline the refraction at the time of your visit.**

Approve     Decline

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\_\_\_\_\_  
Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date