

**Timothy Kim, PLLC**  
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### **Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_ (name of patient), date of birth \_\_\_\_\_, have reviewed a copy of Timothy Kim, PLLC's Notice of Privacy Practices. I understand that I am entitled to a copy of the Notice should I desire one.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Representative (if applicable)

\_\_\_\_\_  
Relationship of Representative to Patient

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### **Pupil Dilation**

Dilation involves instilling eye drops to enlarge the pupils of the eyes. This allows a better examination of the eyes' internal structures. Thorough examination of these structures is necessary to rule out eye diseases and pathology.

***A dilated retinal examination is recommended routinely at the time of your comprehensive eye examination, or at other intervals as advised by your eye doctor.***

Dilation of the pupil causes temporary sensitivity to light and blurring of near vision in most individuals. Blurring of the distance vision may occur as well in individuals with uncorrected farsightedness. You should not operate heavy equipment or drive an automobile unless you are comfortable with your vision. Dark glasses will be provided after your examination to aid with the light sensitivity.

( ) I wish to have my eyes dilated today for a comprehensive eye examination.

( ) I do NOT wish to have my eyes dilated today. I understand that my ocular health cannot be thoroughly evaluated without pupil dilation.

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### **Retinal Imaging**

Retinal imaging is a procedure that takes a picture of the back part (retina) of your eye. This is not an x-ray or ultrasound procedure; and nothing will touch your eye.

This permanent record is very valuable in assessing the current health of your eye and for safeguarding the health of specific structures of your eye, such as the retina, optic nerve, macula, and blood vessels. It will also serve as an initial point from which to compare, as we follow your health in subsequent years.

The fee for the retinal imaging is \$40.00. Depending on your diagnosis, this test may or may not be covered under your medical insurance or Medicare. Retinal images are also not covered under most vision plans. This office will advise you of your coverage.

( ) I wish to have retinal imaging performed today for a comprehensive eye examination.

( ) I do NOT wish to have retinal imaging performed today.