



## **ATROPINE THERAPY AND CONSENT**

Myopia (nearsightedness) is a condition that causes blurred distance vision but is also associated with an increase in sight threatening eye diseases such as myopic macular degeneration, cataract, glaucoma, and retinal detachments. Atropine therapy may help limit the progression of your child's increasing myopia.

The use of atropine in slowing down the progression of myopia was first reported in the 19<sup>th</sup> century. The commercially available concentration for atropine is 1.0%, but at this concentration the medication causes blurred near vision, pupil dilation and light sensitivity. There are also systemic side effects at this high concentration that can in rare instances cause increased heart rate, flushing of the skin, dry mouth and confusion. Recent research has proven that atropine at lower concentrations is also effective at reducing the rate of myopia progression with a much lower likelihood of side effects than at the full concentration.

We will tailor a plan for your child to find the appropriate concentration of low dose atropine to help reduce the rate of progression of myopia and limit the negative side effects. Since the reduced concentration of atropine is not commercially available, it will be formulated by a compounding pharmacy and will not be available at a standard pharmacy.

## Low Dose Atropine Therapy Fees

Initial atropine therapy fees will include all visits required to achieve the optimal therapeutic effect. It includes all professional services involved in monitoring the visual response and ensuring optimal eye health response to the atropine drops for a period of ONE YEAR. Following year one, an annual comprehensive eye health examination and atropine ophthalmic diagnostic evaluation is required to ensure ongoing optimal visual health and the stability of the therapeutic effect. Additional 6 month follow up visits may also be recommended.

Fees are exclusive of a comprehensive eye health examination (some of these charges may be covered by medical or vision insurance).

Option 1: Interest Free Financing	Option 2: Payment in Full
Three payments of \$175 a month for three months for a total of \$525.	\$450

\*Fees are exclusive of a comprehensive eye health examination (some of these charges may be covered by medical or vision insurance).

### Fees include:

1. All medical office visits related to atropine therapy during the first 12 months. The treatment protocol includes visits minimally at 1 week, 1 month, 3 months, and 6 months following initiation of therapy. Any additional visits required are also included in the program fee.
2. All diagnostic testing involved in measuring for objective and subjective responses to therapy or detection of symptoms associated with potential side effects from the medication.

### Fees do not include:

1. Comprehensive eye health evaluation which is performed annually.
2. The cost of the medication which is determined by the supplying compounding pharmacy. Typical cost is about \$50 for a supply that lasts about 4 to 5 months (15ml bottle used 1 drop each eye per day).
3. The cost of a contact lens evaluation if performed.
4. The material costs of contact lenses and/or glasses.

## **Ongoing Atropine Ophthalmic Therapy Fees (following the initial 12 month period)**

1. As long as your child is using atropine ophthalmic medication they will be monitored every 6 months.
2. Atropine ophthalmic therapy subsequent professional care program is \$175 per year and covers the 6month visit with full refractive analysis and all testing mentioned above as well as any other visits pertaining to atropine therapy during the year.

\*Fees are exclusive of an annual comprehensive eye health examination or any procedures not associated with this therapy (some of these charges may be covered by medical or vision insurance).

## **REFUND AND POLICIES**

You and your doctor may decide to discontinue the use of atropine during the initial and/or follow up care period. Should the decision to discontinue atropine therapy be made, the following refund/credit policies will be applied:

1. Discontinuation of atropine ophthalmic therapy up to two months following the signing of this agreement– a refund or office credit of 50% of the initial atropine ophthalmic therapy program fee will be made.
2. Beyond two months no credit or refunds will be made if atropine ophthalmic therapy is discontinued.



## CONSENT TO TREAT

1. Even though atropine at its fullest concentration has been approved by the FDA, the use of atropine at a fraction of this concentration is not specifically approved by the FDA. The use of a medication for purposes for which it is not intended is common practice in medicine. This is referred to as “off-label” use.
2. The use of reduced concentration atropine is an off-label use. We have not experienced any significant negative effects of this low concentration eye drop. We are hopeful that in the near future there will be enough data to support an FDA approval of this cutting edge treatment.
3. In cases of emergency, please contact our office immediately.
4. All appointments must be kept as scheduled. In all cases, you must reschedule missed appointments.
5. Other options exist to treat, reduce or eliminate myopia and astigmatism. They include corneal reshaping therapy with gas permeable contact lenses and soft multifocal contact lenses, and refractive surgical procedures. Each modality has its own unique advantages, disadvantages, risks, and benefits. Your doctor has reviewed these options with you during your examination and consultation.

Additional Comments:

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I, the undersigned, fully understand the atropine ophthalmic therapy that has been explained by the doctor, staff member, and/or literature provided by Ziegler Leffingwell Eyecare. I have been given the opportunity to ask any questions regarding atropine ophthalmic therapy and I am satisfied with the answers provided.

I agree to enroll in the atropine ophthalmic therapy program and understand and agree to all of the information indicated in this document.

Date:

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Patient Signature or Parent/Guardian Signature for minors

Date:

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Doctor or Staff Signature Ziegler Leffingwell Eyecare