

**INFORMED CONSENT DOCUMENT FOR THE
TESTING OF THE "RETIPLUS" SYSTEM**

Optical Center _____ Date _____
UserName _____ ID # _____
(Tutor / User Representative _____)
eMail _____ Phone _____ Age _____
Home address _____
Visual Condition (AV-CV) _____

The electronic augmented reality glasses that are used have two microprojectors, one for each eye, that project images visible by the User in the optimal area of their visual field in an adapted way according to each pathology/User.

The light emitted by means of led/oled is similar in nature to that emitted by TV, computer, and mobile telephones screens. In addition, the glasses under the control of the specialist, support brightness/contrast regulation and the incorporation of selective filters to accommodate the User's pathology.

The User declares that she/he is satisfied with the information received, that all her / his questions have been answered, that has reflected before giving his consent and also understands that the decision is voluntary, and after his reflection has accepted and gives consent for the performance of the tests. The User can withdraw his decision at any time.

The User consents and authorizes to the Optical Center/Plusindes,SL the eventual disclosure by written or audio-visual means of the tests and the degree of satisfaction with the results obtained.

User / Representative

Center representative