

PATIENT PAPERWORK

RETINAL IMAGING, VISUAL FIELD SCREENING, AND DILATION CONSENT

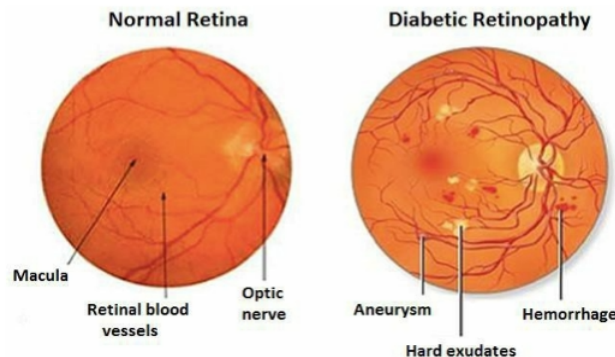
RETINAL IMAGING

As part of your eye exam, we recommend a special diagnostic procedure called Retinal Photography. In this procedure, a Retinal Camera is used to photograph the back of the eye (the retina). This is not an X-ray or an ultrasound; nothing will touch your eye, it is simply a highly magnified photograph. Also, with Retinal Photography you may not need to be dilated.

This permanent digital record is very valuable in assessing the health of your eyes presently and in monitoring the health of your eyes over the years. We can observe the retina, optic nerve, macula, blood vessels, and arteries of the eyes. It will also serve as an initial reference point to compare any changes as we monitor your health in subsequent years.

Your doctor strongly believes retinal photos are important to your comprehensive eye exam. Retinal photos also allow you to see your eye's appearance - just as the doctor sees it.

The fee for this additional part of your eye exam is **\$38**, which will be charged every year that photos are taken. Depending on your diagnosis, if there is a medical issue such as diabetes, glaucoma, etc., this procedure may be covered under your medical insurance. Retinal Photography is not covered under most vision plans such as VSP, EyeMed, or Davis Vision. This office will advise you of your coverage.



- Yes, I want to have retinal photos taken of my eye.**
- No, I do not wish to have retinal photos taken**

VISUAL FIELD

A critical part of comprehensive eye care is the visual field. We highly recommend this test, which gives a computerized examination of your side (peripheral) vision. Many diseases revealed by a visual field are undetectable in an eye examination and may only be diagnosed with a visual field. Some diseases that a visual field may detect are GLAUCOMA, RETINAL DISEASE, BRAIN TUMORS, and many other disorders relating to the eye and brain.

The fee for this test is \$19.00. Most insurance will cover this cost.

- Yes, I give consent to have a visual field.**
- No, I decline to have a visual field performed. I understand that this test helps in the detection of many diseases which can cause permanent and irreversible vision loss. I also decline this important part of my eye examination and release all doctors, personnel, and businesses associated with this facility from any liability related to the failure to detect and treat any condition in which the diagnosis would have been aided by this test.**

DILATATION

- No, I decline to have my eyes dilated, UNLESS IT IS NECESSARY. I understand this is an important part of my eye examination and release all doctors, personnel, and businesses associated with this facility from any liability related to the failure to detect and treat any condition in which the diagnosis would have been aided by this test.**
- Yes, I give consent to have my eyes dilated. While dilated, we do not guarantee what you can or cannot do (INCLUDING DRIVING). So please do not ask if you can drive because everyone is affected differently. There are two main effects from pupil dilation. The first effect for about 2 hours is decreased distance and near vision; the second is increased sensitivity to light for about 6 hours.**

SIGNATURE: _____

DATE: _____