

Retinal Photography

One of the most beneficial parts of a thorough eye exam is retinal photography. It is a camera that has been created to take a clear image of the retina in the back of the eye. The pictures are immensely detailed and can show signs of the following conditions: ***Glaucoma *Macular Degeneration *Diabetes *High Blood Pressure *Eye Cancers**. Since the image is digital, the optometrist will be able to look for any small changes to the health of the eye each year and catch any potential problems at early stages.

FDT Visual Field Screening

The instrument operates using cutting edge Frequency Doubling Technology to test your peripheral and central vision quickly and accurately. The routine eye exam does not always detect early vision problems. Some examples of problems that the FDT Visual Field Analyzer can detect include:

***Brain tumors *Retinal Detachment *Macular Degeneration *Glaucoma *Retinal Degeneration
*Optic Nerve Disease *Bleeding in the Retina**

_____ I would like a comprehensive examination (INCLUDING THE RETINAL PHOTOS) for an additional fee of \$29.

_____ I would like a comprehensive examination (INCLUDING THE FDT VISUAL FIELD) for an additional fee of \$20.

US HIPPA / Consent for the Release of Information / Responsibility for Payment

I authorize the release of any medical or other information to process my insurance claims. I also authorize payment of medical benefits to my doctor. It is my understanding that I am responsible to obtain any and all referrals that my insurance company requires for service performed by that doctor. I also understand that I am responsible for any charges not covered by my insurance.

PATIENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Informed Consent for Dilation of Eyes

The purpose of dilating your pupils is to perform a more thorough examination of the health of your retina by viewing around the iris, or colored area of your eye. This allows the doctor to access the peripheral retina, an area which would normally be blocked. Individuals with diabetes, glaucoma, high prescriptions, systemic disease, and those over 55 years old are strongly encouraged to have this procedure. However, certain side effects may occur. These include blurry vision, light sensitivity, nausea, dry mouth, and burning upon the installation of drops. These effects can last up to 6 hours. If you should experience the above mentioned symptoms including decreased vision, halos around lights, foggy vision, brow/ headache, redness, or pain lasting longer than 6 hours call or return to our practice immediately. Disposable sunglasses will be provided for your comfort and safety.

Please check one:

_____ I do wish to have my eyes dilated and understand the side effects.

_____ I do NOT wish to have my eyes dilated today, but will schedule the dilation within 30 days at no charge.

_____ I do NOT wish to have my eyes dilated.

PATIENT/ GUARDIAN SIGNATURE: _____ DATE: _____