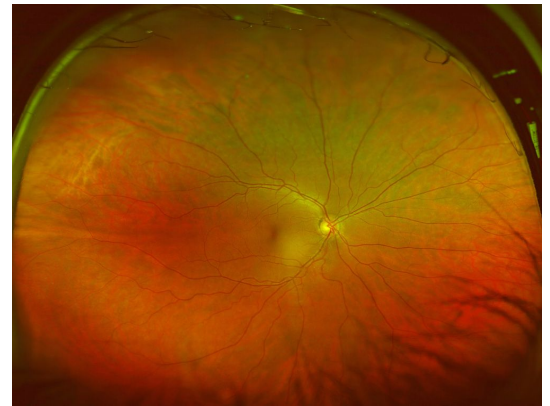


Dilated Retinal Exam & Optomap Retinal Exam

As part of your comprehensive eye exam today, we monitor the health of both the front and back of the eye. Regular eye exams not only keep you up to date with your current contact lens and/or glasses prescriptions, but are important in the early detection and treatment of eye disorders and diseases. There are two ways that help us obtain much better views inside the eye to better detect such problems as glaucoma, cataracts, retinal holes or retinal detachment, macular degeneration, diabetes, high blood pressure, among many others, often before any obvious symptoms. The two ways are by dilating your pupils or by using Optomap.



Dilated Retinal Exam:

Dilation drops open the pupil like a large window so we can view the entire retina. While the eye drops used to dilate the pupils have minimal side effects, you may experience blurry vision for about 4-6 hours, especially while reading and some sensitivity to light. It is recommended that you do not drive while your eyes are dilated.

Optomap Retinal Exam:

Optomap is a retinal camera that allows us to see much of the peripheral retina sparing you the hassle and discomfort of dilation drops. It is considerably faster and gives us a documented picture of the retina which allows us to screen, compare and track potential eye diseases/disorders. If we do see anything of concern on the pictures we may still want to dilate your eyes, but in general this camera provides a great retinal screening and educational tool for you and it is a great alternative for people who do not like the side effects of dilation drops or cannot spend the time dilating. Most vision insurances do not cover Optomap, thus it is an additional \$25.00 for new patients. \$15.00 for returning patients.

Please check the appropriate box below stating your retinal exam preference today and sign/date this form. If you have any questions, your doctor will be happy to discuss these in more detail with you.

- I want my eyes dilated today
- I want Optomap performed today & accept the fee stated above.

Patient's Signature _____ Date _____