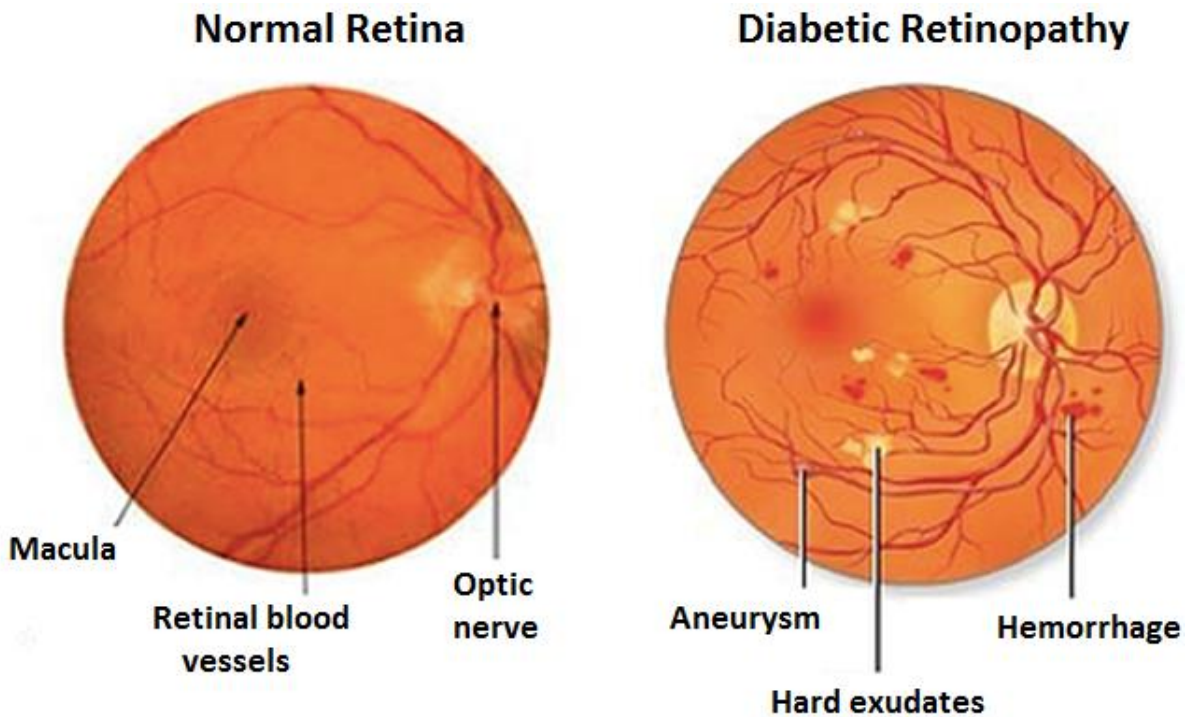


Retinal Imaging Consent Form

As part of your eye exam, we recommend a special diagnostic procedure called Retinal Photography. In this procedure a Retinal Camera is used to take a photograph of 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.

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 are able to observe the retina, optic nerve, macula, and blood vessels and arteries of the eyes. It will also serve as an initial reference point with which to compare any changes as we monitor your health in subsequent years.

The fee for this additional part of your eye exam is **\$36** 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 for documentation.

_____ No, I do not wish to have retinal photos taken.

Patient Signature _____ Print Name _____

Date _____