

# The OPTOMAP® Retinal Exam

---



We are excited to offer state-of-the-art digital retinal scanning technology that allows our doctors to view the inside of your eye without the use of dilation drops. The OPTOMAP® Retinal Exam will allow us to evaluate your retina for problems, such as macular degeneration, retinal holes, retinal detachments, hypertension, and diabetic retinopathy. The scanning system is completely safe for children and adults. It allows you the opportunity to view the inside of your eyes and to review the images with your doctor. We can even email you a copy of your image upon request!

### DILATED EXAM

- Blurred near vision for 4-6 hours
- Light sensitivity for 4-6 hours
- No permanent record of retina
- Only the doctor can see the retina
- Longer office visits waiting for drops to take effect

### THE OPTOMAP® RETINAL EXAM

- NO blurred vision
- NO light sensitivity
- Digital image stored for future comparison
- You are able to review images with the doctor
- Takes less than 2 minutes to capture the image

### • EARLY DETECTION IS CRUCIAL!!

Our Doctors recommend that ALL patients have a thorough examination of their retina every year. **Without the OPTOMAP® retinal exam or a dilated examination, our doctors cannot fully assess the health of your eye.** There is an additional fee of \$39 for the OPTOMAP® Retinal Exam. This procedure will not be covered by insurance but is generally a reimbursable flexible spending (FSA) expense. Dilation may still be required in rare instances.

### • ANNUAL REVIEW IS ESSENTIAL!!

Many eye problems can develop without warning and progress with no symptoms. **These conditions can develop and change within a year so it is best to have an OPTOMAP® every year.** The ability for our Doctors to view last year's scan and this year's scan side by side for comparison is an invaluable tool in providing comprehensive eye care.

- 
- I elect to have the OPTOMAP® Retinal Exam today.
  - I understand the doctor recommends the OPTOMAP® Retinal Exam but I have additional questions & prefer to discuss this decision with the doctor and/or clinical staff member.

---

Signature of Patient / Guardian

---

Date

---

Printed Name of Patient