



As part of a comprehensive eye examination, it is recommended that **ALL** Patients have the internal health of their eye thoroughly evaluated every year. This is preformed as either a dilated retinal exam or the OPTOMAP retina imaging.

Our Practice is please to provide all of our patient with the most highly advanced technology available in retinal screening today! Our ability to view your internal retinal health is now dramatically improved with the OPTOMAP. We are among the 1% of eye care providers in this country with this technology.

Dr. Carafice and Dr. Hallquist are concerned about uncovering and documenting problems such as macular degeneration, glaucoma, retinal holes or detachments, and diabetic retinopathy (All of which can lead to partial loss of vision or blindness). Systemic disease such as diabetes and high blood pressure can also be discovered during retinal exam.

Just as your dentist regularly takes pictures of your teeth, or mammograms are used for early detection, YOUR eyes deserve the same quality care.

There health conditions are difficult to detect without the Optomap Retinal Exam or dilation of the pupils with eye drops due to limited view of the internal structures of the eye.

### Why the Optomap?

- Provides an eye wellness scan
- Gives in depth view of the retinal layers (Where the disease can develop)
- Allows your doctor to review you Optomap retinal image with you
- Provides abd annual, permanent record for your medical file
- Optomap is fast, easy, and comfortable
- Will not require dilating drops which results in blurred vision and sensitivity to light for 4-6 hours. Some patients may need to have their eye dilated.

**PLEASE NOTE: THERE IS ADDITIONAL CHARGE FOR THE OPTOMAP RETINAL EXAM SINCE THIS IS NOT COVERED BY INSURANCE, WE HAVE DISCOUNTED THE FEE FROM THE STANDARD FEE OF \$39.00 TO ONLY \$25.00 FOR OUR PATIENTS**

#### HIPAA PRIVACY ACKNOWLEDGEMENT OF NOTICE OF PRIVACY OF NOTICE OF PRIVACY PRACTICE

I understand that this office is HIPAA compliant and acknowledge that the HIPAA policies are posted and available to read

\_\_\_\_\_ I have read and understand the above, and AGREE to the Optomap Retinal Exam

\_\_\_\_\_ I have read and understand the above, and DECLINE to the Optomap Retinal Exam but wish to have my eye Dilated

\_\_\_\_\_ I have read and understand the above, and DECLINE BOTH Optopmap Retinal Exam and Dilation at this time.

Patient/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_