

BOWEN EYE CARE

Retinal Screening Acknowledgement

When scheduled for a yearly Routine Comprehensive Eye Exam, we ask that all patients over 40 years of age do a Retina Screening annually and all patients under 40 years of age do a Retina Screening bi-annually.

A Retina Screening allows us to evaluate the health of 3 major components of the eye that allow you to see, your Retina, Macula and Optic Nerve. This allow us to also screen for problems such as macular degeneration, retinal holes, retinal detachments, hypertension, and diabetic retinopathy.

At Bowen Eye Care we offer state-of-the-art digital scanning technology that allows us to view the inside of your eye without the use of dilation drops. The **OPTOMAP** allows us to evaluate the inside of the eye just as if you had chosen dilation without the inconvenient side effects that come with dilation drops.

OPTOMAP is safe for kids and adults and allows you the opportunity to see the inside of your eye just as the doctor sees it. It is a digital image we can compare over the years to come.

Dilated Exam is safe for kids and adults, however it comes with 2 major side effects:

1. Blurred near vision for 4-6 hours
2. Light sensitivity for 4-6 hours
3. Longer office visit waiting for drops to take effect
4. No permanent record of retina
5. Only the doctor can see the retina vs with Optomap

*We recommend that patients under the age of 18 years old who have never driven while dilated, have someone drive them home or opt for the Optomap. *

Our doctors strongly recommended that ALL patients have a thorough examination of their retina every year.

Without the OPTOMAP or dilated examination, the doctor cannot fully assess the health of your eye.

There is an additional fee of a **\$39 copay** for the OPTOMAP. This procedure is NOT generally covered by insurance, however we will alert you if it is covered in full or at a lower rate.

Dilation may still be required in rare instances.

PLEASE INDICATE WHICH PROCEDURE YOU WILL BE HAVING TODAY:

I elect to have a digital image of my retinas today (\$39.00).

I prefer a dilated exam of my retinas today (no additional fee) and I have been informed of the side effects listed above.

I hereby voluntarily waive my right to Dilation of pupils or Optomap Retinal Imaging even if it may be covered by my insurance.

Name: _____ Date: _____