



As part of a comprehensive eye examination, it is recommended that **ALL** patients have the internal health of their eyes evaluated every year. Just as your dentist regularly takes pictures of your teeth, or mammograms are used for early detection, retinal evaluations are needed for monitoring your eye health. This can be done as either a **dilated** retinal exam or the **Optomap** retinal imaging. Retinal problems such as macular degeneration, glaucoma, retinal holes and detachments, diabetic retinopathy and vascular abnormalities can lead to partial loss of vision or blindness.

Dilation involves instilling eye drops, waiting approximately 15-30 minutes for the drops to take effect, and an evaluation by the doctor. The effects of dilation are light sensitivity and blurred vision (primarily near) for 4-6 hours. You will typically be able to drive, but there are exceptions and we are happy to discuss that with you.

Optomap testing is fast and comfortable. It is done without drops and is part of the pre-testing protocol. It creates a digital image of the retina that can then be discussed with you. It gives an in depth view of the retinal structures and provides an annual, permanent record for your medical file. This is cutting edge technology.

NOTE: There may be some occasions where dilation is required (evaluation of certain medical conditions, small pupils, insurance requirements, etc.) Cataracts cannot be fully evaluated without dilation.

We will be happy to work with you to reschedule the dilation if you want to do it but cannot do it today.

Please read the following choices, then select and initial your choice below

_____ I have read and understand the above, and elect to have the **Optomap** image taken today. The fee is \$35.00 and is not typically covered by vision insurance.

OR

_____ I have read and understand the above, and elect to have my eyes **dilated** today.

_____ I have read and understand the above, and elect to have my eyes **dilated**, and will schedule the dilation for a different day.

_____ I have read and understand the above, and decline both the **Optomap** and **dilation** today. I **understand that without the Optomap or a dilated examination, the doctor cannot fully assess the health of my eyes.**

_____ I have read and understand the above and wish to discuss my options with my doctor.