

## Optomap (Optos) Retinal Imaging

The doctor strongly recommends the **Optomap**. The **Optomap** can provide an ultra-widefield 200 degree retinal view. While eye exams generally include a look at the front of the eye to evaluate health and prescription changes, a thorough screening of the retina is critical to verify that your eye is healthy. It can lead to early detection of common diseases, such as **glaucoma**, **diabetes**, **high blood pressure**, **macular degeneration**, **bleeding** in the retina and even cancer. This test is quick, painless, and does NOT require dilation drops, although dilation may still be necessary in some cases.

## iWellness OCT Retinal Scan

The **iWellness Exam** is state-of-the-art technology that lets the doctor see beneath the surface of your retina, where signs of disease first appear. Traditional eye exams and retinal photography do not provide this level of detail. This instrument operates using optical tomography to evaluate the optic nerve for diseases such as **glaucoma**. It also evaluates for problems and diseases in the macula such as **macular degeneration** and **diabetic retinopathy**. This scan is quick and doesn't use a bright flash.

| Vision insurance does not cover any advanced teageneral exam.   | chnology beyond the     | Transfer of the second                         |                  |
|---|-------------------------|--|------------------|
| INITIAL here if you would like the Optos s  | creening for \$40.      | Normal Retina<br>Test 2: Digital Retinal Image | Diseased Relina  |
| INITIAL here if you would like the iWellne  | ss screening for \$45.  |  | But V            |
| INITIAL here if you,would like the Optos a screening for \$70 (\$15 SAVINGS)  | nd iWellness            | Normal Reina                                   | Diseased Retins  |
| OR  |                         |  |                  |
| I DECLINE the Optomap Retinal ImagingI DECLINE the iWellness ScreeningI DECLINE BOTH the Optomap and iWellness I understand that the potential for partial or total | loss of vision may exis |  |                  |
| release Dr. Arthur R. Dampier, Jr. and associates f condition due to the lack of diagnostic information   |                         |  |                  |
| Please advise staff if you have a history<br>Please allow for additional time with te   |                         | ons will be discuss                            | sed with doctor. |
|   | ~ 6)                    |  |                  |
| Print Name:   | _                       |  |                  |
| Signature:  |                         |  |                  |
| Patient / Parent or Guardian if nationt is a minor  |                         | a  |                  |