

CONSENT FOR WELLNESS SCREENING

Sight threatening diseases such as glaucoma, macular diseases, eye/brain tumors, and diabetic retinopathy among others, have no outward signs or symptoms and all are potentially blinding conditions.

Our practice is committed to protecting your eye health with the most advanced technology available, and we are excited to announce that our Advanced Wellness Screening contains three noninvasive all-encompassing screenings: **iWellness Exam**, **Oculus visual field screening**, and **Digital fundus imaging**.

The **iWellness Exam™** is a quick, non-invasive scan that allows our doctors to see beneath the surface of your retina. This unique technology can help detect vision threatening and systemic diseases in their very early stages, when they are most treatable and usually cannot be detected by any other evaluation. (\$39)

Visual Field Screening detects any defects in your central or peripheral vision. It detects vision loss caused by Glaucoma, Brain or Eye Tumors, Retinal Defects, etc. We strongly recommend this test for all new patients as a baseline reading or if you have been experiencing headaches, floaters, flashes, or are aware of any family history of brain tumors or nerve diseases. (\$20)

Digital Fundus Imaging is used to capture a picture of your eye's internal health. Digital images are invaluable in early detection of eye diseases and to assess the course of the disease over time. Many eye conditions are progressive in nature and these images will serve as a reference to more accurately identify changes in your eye structures and treat diseases at an earlier stage.(\$35)

As part of your pre-examination work-up, our technician will perform these tests which will be reviewed with you during your examination today and will then become a permanent part of your record for comparison should a problem be noted in the future.

These **optional and preventative tests have a \$49 total charge** which is not covered by vision or medical insurance, but we strongly suggest you consider utilizing this technology as part of your Comprehensive Ocular Health Examination today.

_____ YES, I consent to having the Advanced Wellness Screening performed for **\$49**.

_____ NO, I do not consent to having any Advanced Wellness Screenings.

PATIENT NAME

SIGNATURE

DATE