

Retinal Photo Consent Form

Dear Patient:

As part of your eye exam, the doctors here at Advanced Eyecare recommend special diagnostic procedures to better exam your eyes for retinal diseases and glaucoma. This procedure consists of taking digital pictures of the back of the eye to evaluate the optic nerve, blood vessels, and tissues of the back of the eye. In some cases, these images can detect diabetic eye changes, macular degeneration, high blood pressure changes, and glaucoma. It will also serve as a base line for comparison in future years.

If the doctors identify any medical health concerns, we will likely be able to bill the photo to your medical insurance; otherwise, the photos are an additional fee of \$39.00. **While taking these images does not replace the need to have your eyes dilated, it is strongly recommended you have images taken.** This ensures the doctors are able to get a reasonable view of the eye and your retinal health.

_____ Yes, I want to have the retinal photos for my record, and I understand there will be a \$39 fee if my medical insurance cannot be billed.

_____ Yes, I want to have retinal photos taken, but only if deemed medically necessary by the doctor. Advanced Eyecare may then bill my medical carrier for these photos.

_____ No, I do not want retinal photos reviewed by the doctor.

Signed: _____

Patient name (or guardian if under 18): _____

Date: _____