



We now have new state-of-the-art technology that takes a digital image of the back of the eye.

Our doctors are now recommending scanning with the Optomap on every annual exam. This exam will give the doctor a detailed eye health picture. We offer this every year to potentially detect systemic as well as ocular diseases such as high blood pressure, diabetes, glaucoma, macular degeneration, even types of cancer. Your scan will become a permanent part of your medical record and can be used to monitor any type of progression if done every year.

While highly recommended, this scan is optional. The universal co-pay for this type of exam is typically \$39, but we only charge \$30, which will be collected at time of service. This co-pay is not covered by insurance.

My signature below confirms that I have read and understand the information above and does not guarantee I will not have to be dilated.

Patient Name (Printed)

Date

Patient Signature/Guardian

iWELLNESS

Our doctors strongly recommend getting the Iwellness scan in addition to the Optomap. This image gives the doctor a detailed image of the retina of your eye, as well as the ganglion cell complex compared to the database of normal eyes. These metrics along with high resolution image and symmetry analysis help to identify if you are displaying the early signs of retinal disease or glaucoma.

Your scan will become a permanent part of your medical record and can be used to monitor any type of progression if done every year. While highly recommended, this scan is optional. The charge for this scan is \$15, which will be collected at the time of service. This co-pay is not covered by insurance.

My signature below confirms that I have read and understand the information above that I am signing for the iwellness scan.

Patient Name (Printed)

Date

Patient Signature/Guardian

OPTOMAP/iWELLNESS BUNDLE

If you would like to do the Optomap In addition to the Iwellness scan, we can do both for \$40. This co-pay will be collected at the time of service. This co-pay is not covered by insurance.

My signature below confirms that I have read and understand the information that I am signing is for the Optomap in addition to the iwellness scan.

Patient Name (Printed)

Date

Patient Signature/Guardian