

Name: _____ Date of Birth: ____/____/____

Email address: _____

Occupation: _____ Place of Work: _____

*If your address has changed, please update it with the front office staff.

Eye and Medical History update

Are you here for: EYEGLASSES CONTACT LENSES RED EYE OTHER _____

List ANY medical conditions _____

List ANY current medications _____

Allergies to medications? Y / N List _____

FINANCIAL RESPONSIBILITY AGREEMENT REMINDER

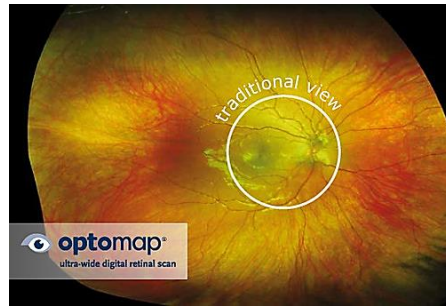
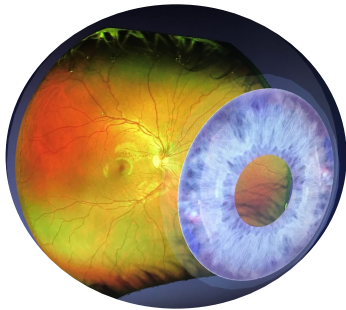
All Charges are non-refundable. Payment is due at time of service. Eye care for medical conditions not covered under routine wellness exams. Medical eye visits and contact lens evaluations carry additional charges.

Initial Here _____ - I am financially responsible for all charges incurred during eye exams or office visits.

Optomap Retinal Screening

At Great Hills Eye Care, we believe that yearly retinal evaluations are critical in early diagnosis and monitoring of your eye health. Therefore, we have acquired the Optomap Retinal Scanner as a way to capture wide angle images of the retina and detect early signs of eye disease without having to dilate the eyes for most patients.

This advanced technology is doctor recommended on every patient as part of their yearly exam and carries a \$39 charge.



I would like to have the Optomap performed today: Y / N

Visual Field Testing

- recommended if over 40, or family history of eye disease, or high prescription
- a more comprehensive test for early detection of Glaucoma and optic nerve disease
- \$30 in addition to the regular exam

I would like to have the Visual Field Test performed today: Y / N

Dilation

If you choose not to have retinal imaging performed, or if certain medical conditions are present, you may require dilation. The drops cause light sensitivity and blurry vision for up to 4 - 6 hours.

- \$30 in addition to the regular eye exam.

I would like to be Dilated today: Y / N