

Welcome back to 

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

Email address: _____

Occupation: _____ Place of Work: _____

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

NEW ADDRESS _____

Eye and Medical History update

Are you here for: EYEGASSES 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 is not covered under routine wellness exams. Medical eye visits and contact lens evaluations carry additional charges.

I am financially responsible for all charges incurred during eye exams or office visits.

Patient Signature _____ Date _____

Are you interested in finding out if you are a candidate for LASIK ? YES No

PLEASE SEE REVERSE SIDE



We pride ourselves on providing our patients with the best possible standard of care. **Because of this, we now perform the Optomap® Retinal Exam on all of our patients during each annual eye exam.**

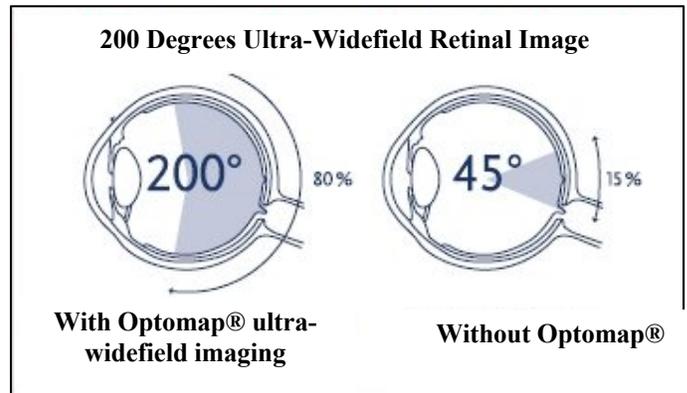
The Optomap® retinal exam is a non-invasive no drop procedure that allows our doctors to capture 200 degrees ultra-widefield image of the back of your eye where potential vision threatening diseases can be found. **This includes diabetes, glaucoma, Age related Macular Degeneration, cancers, retinal tears, and cardiovascular issues.**

Also, you will not need to be dilated after the Optomap® image is captured.

As part of your pre-test work up, we will capture Optomap® images that you and your doctor will review together during your exam. The doctor will also answer any questions you may have about your eye health using the image. **There is a \$39 co-pay for the Optomap® and the fee will be collected at the end of your exam with any additional insurance co-pays.**

I have read and understand this document:

Signature: _____ Date: _____



Visual Field Testing

Some patients are more at risk for functional vision loss. To help uncover these early functional changes in your vision our doctors recommend the Visual Field Analyzer. It is a more comprehensive test for early detection of Glaucoma and optic nerve disease. **There is a \$30 co-pay for the Visual Field Analyzer.**

Our doctors recommend this test for the following patients:

- over 40 years of age
- family history of eye disease
- high prescription

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

Y / N