

Optomap® / Dilation & Contact Lens Evaluation Consent Form

Contact Lens Evaluation?

_____ Yes, I do want a contact lens RX today. (additional evaluation fee required)
 _____ No, I do NOT want a contact lens RX today.

As part of a comprehensive eye examination, it is recommended that ALL patients have the internal health of their eyes thoroughly evaluated every year. This is performed as either a **dilated** retinal examination and/or with the **Optomap® Retinal Imaging**.

THERE IS AN ADDITIONAL \$59 FEE* FOR THE OPTOMAP® RETINAL IMAGING WHICH IS NOT COVERED BY MOST INSURANCE. EYEMED, VSP and select SUPERIOR insurance plans offer a discounted rate of \$39.

Optomap® Retinal Image	Dilation
No eye drops required	Eye drops required
No blurred vision	Blurry vision for 4-8 hours
No light sensitivity	Light sensitivity for 4-8 hours
Takes 5 minutes to capture images	Takes 15-25 minutes for drops to take effect
Retinal images will be viewed by you and Dr. Chang, will be on file for year-to-year comparison	Only Dr. Chang can view the retina

*Many patients who choose to have the **Optomap®** will not require pupil dilation, however your doctor will determine if dilation is necessary based on your specific conditions or concerns.

PLEASE CHECK ONE OF THE FOLLOWING:

I would like the **OPTOMAP® RETINAL IMAGING**. Doctor recommended. (\$59/\$39fee)

I would like the **DILATION DROPS**. I understand that driving is **NOT** recommended after this procedure for 4-6 hours. I accept full responsibility for any activities I perform after dilation.

Patient/Guardian Signature _____ Date: ____/____/____