optomap®

Annual eye exams are vital to maintaining your vision and overall health. The doctors offer the **opto**map® Retinal Exam as an important part of our eye exams. The **opto**map® Retinal Exam produces an image that is as unique as your fingerprint and provides the Doctors with a wide view look at the health of your retina. The retina is the part of your eye that captures the image of what you are looking at, similar to film in a camera.

Many eye problems can develop without you knowing. You may not even notice any change in your sight. Diseases such as macular degeneration, glaucoma, retinal tears or detachments, and other health problems such as diabetes and high blood pressure can be seen with a thorough exam of the retina.

The **opto**map® Retinal Exam is fast, easy, and comfortable for all ages. To have the exam, you simply look into the device one eye at a time and you will see a soft flash of light to let you know the image of your retina has been taken. The **opto**map® image is shown immediately on a computer screen so we can review it with you.

An **opto**map® Retinal Exam provides:

- A scan to show a healthy eye or detect disease.
- A view of the retina, giving your doctor a more detailed view than he/she can get by other means.
- The opportunity for you to view and discuss the **opto**map® image of your eye with your doctor at the time of your exam.
- A permanent record for your file, which allows the Doctors to view your images each year to look for changes.

I understand the benefits of the annual **opto**map® Retinal Exam as:

- Fast, easy and comfortable.
- A permanent record to compare and track potential eye diseases.
- An in depth view of nearly the entire retina.
- Educational tool for your doctor to discuss your health and wellness.

I understand that a wide field view of the retina is an important part of a comprehensive eye exam and that **I ACCEPT** the doctor's recommendation to obtain a comprehensive view of my retina for an additional fee of **$29.00** that I will be responsible for at the time of service.

Patient Signature _____ Date _____