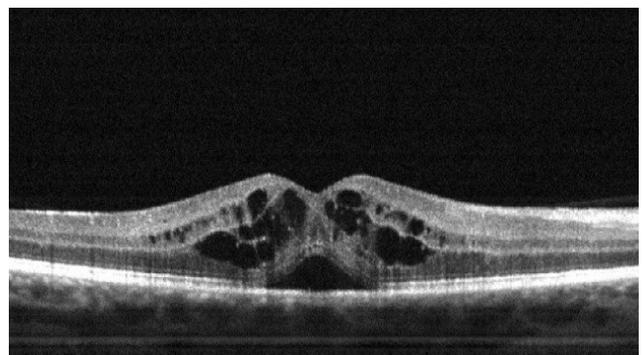
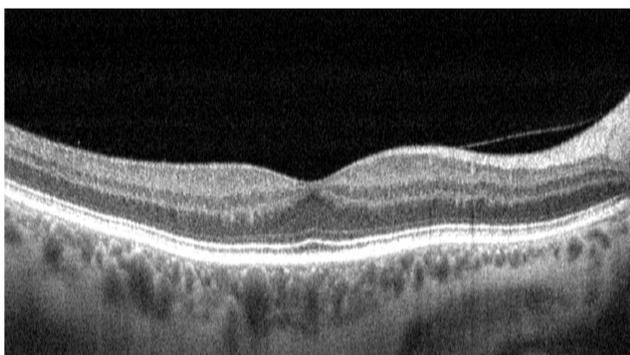
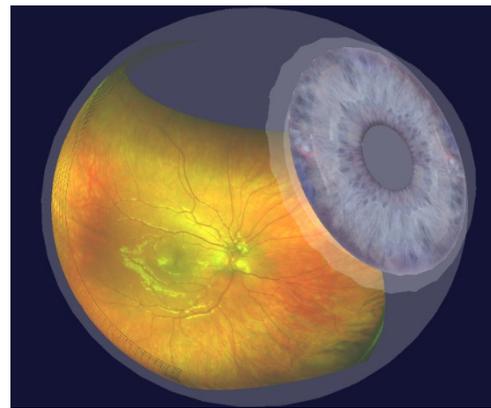


Sight threatening diseases such as glaucoma, macular degeneration, diabetic retinopathy and others often have no outward signs or symptoms, which is why eye exams, including a thorough retinal evaluation, are important to protect vision. In an effort to provide a more thorough eye exam, our practice has incorporated the iWellnessExam™ SD- OCT retinal scan and Optomap® ultra-wide digital retinal imaging as part of your eye exam today.

These two tests will become a part of your permanent patient record and will be reviewed with you by the doctor during your exam today. This service is available with a \$45 additional co-pay for adults (a \$78 value) or \$39 co-pay for children. Any questions you have about these tests can be discussed during your exam with your Doctor.



At **Vision Source of GVR** we pride ourselves on providing our patients with the best possible standard of care. Because of this we now perform Ocular Health Screening Series Exams on all of our patients. This non-invasive procedure allows your doctor to see a much broader and more detailed view of the eye than is possible with conventional methods. When reviewed, the scan becomes a permanent part of your medical file, enabling your doctor to make important comparisons should potential vision threatening conditions show themselves at a future examination. Our Doctors strongly believe that these exams are an essential part of your comprehensive eye exam and prescribe it for all patients once per year.

Our Ocular Health Screening Series provide:

- ! An eye wellness scan
- ! An in-depth view of the retinal layers (where diseases can start)
- ! The ability for you to view your screening images at the time of your exam
- ! An annual, permanent record of your medical file, which gives doctors comparisons for tracking and diagnosing potential eye disease

Insurance typically does not cover any advanced screening technology beyond the general exam. Our Doctors highly recommend these screenings for all patients. This will be done as an enhancement to the general eye exam with a \$45.00/\$39.00 co-pay.

_____ Accept (\$45 copay, no dilation)

_____ Decline and understand I will be dilated (Covered service – I understand dilation will cause blurred vision at near and light sensitivity for 2-4 hours)

_____ Decline **ALL** including dilation (see below)

I have been educated on the importance of an Ocular Health Screening. I understand that without a dilated examination or review of screening photos, it is impossible for my optometrists to fully assess the health of my eyes. If left undetected and untreated, there are conditions which may cause permanent vision loss and/or loss of life. By refusing, I am taking responsibility for the health of my eyes. I understand that I cannot hold the optometrist or Vision Source of GVR responsible for any problems that we undetected as a result of not participating with this screening/dilation.

Signature: _____ Date: _____