

Burgaw Eye Center

Eye Health Evaluation

A comprehensive eye examination includes a thorough health evaluation of blood vessels, the optic nerve, and the retina inside the eye. We pride ourselves on providing our patients with the highest standard of care; therefore, we strongly recommend the **Optomap Retinal Exam** to all of our patients. This non-invasive imaging procedure achieves a better, more complete view inside the eye than possible with conventional photography methods.

The **Optomap Retinal Exam** allows the doctor to check for bruising, bleeding, retinal detachment, retinal thinning, retinal holes, age-related macular degeneration, glaucoma and tumors within the eye. This more comprehensive view may allow for early detection of diabetes, high blood pressure, high cholesterol, plaque formation in blood vessels and heart valves as well as certain types of cancer. Once reviewed, Optomap images remain in your medical record as a permanent image of your eye health and allow for future comparison of the eye in the event of sight-threatening injury or progressive eye disease.

This procedure is generally not covered by insurance unless we are actively following eye disease. If this is the case, the fee will be discounted to \$35. This fee includes the capture and storage of your digital images which are permanently saved to your medical record as well as the time spent by the doctor reviewing, discussing and answering questions you may have about your Optomap images. **We strongly believe the Optomap Retinal Exam is an essential part of your comprehensive eye exam each year and allows us to provide you with the highest level of eye care.**

Please check one of the following and sign below:

- I am requesting the **Optomap Retinal Exam** (wide-field, panoramic picture of inside the eye)
* No side effects
* \$35.00 (additional to comprehensive eye examination)
- I understand the benefit of the **Optomap Retinal Exam**; however, I do not want the **Optomap Retinal Exam** at this time.

Patient Name Print

Patient Signature or Parent / Legal Guardian

Date