

# optomap<sup>®</sup>

## Retinal Exam

At **Tuscaloosa EyeCare** we pride ourselves on providing our patients with the best possible standard of care. **Because of this, we now perform the *optomap*<sup>®</sup> Retinal Exam with all of our patients.**

Sight threatening diseases such as macular degeneration, glaucoma, retinal holes and detachments, melanomas, cancer and diabetic retinopathy often have no outward signs or symptom. The ***optomap*<sup>®</sup> Retinal Exam** is a non-invasive procedure that aids your doctor in the diagnosis of these diseases.

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. **The doctors of Tuscaloosa EyeCare believe that the *optomap*<sup>®</sup> Retinal Exam is an essential part of your comprehensive eye exam and recommend it for all patients once per year.**

The \$35 co-pay for this procedure is generally a non-covered service unless being used to actively follow disease. Any questions you have about the ***optomap*<sup>®</sup> Retinal Exam** can be directed to your doctor should you choose for your doctor to review the images with you during your examination.

\_\_\_\_\_ Yes, I would like my doctor to review my ***optomap*<sup>®</sup>** photos and saved to my medical file. I understand the charge for reviewing and saving my ***optomap*<sup>®</sup>** photos will be \$35.

\_\_\_\_\_ No, I would not like my ***optomap*<sup>®</sup>** photos reviewed by my doctor or saved to my medical file.

**Patient Name:** \_\_\_\_\_

**Patient or Responsible Party:**

**Print Name:** \_\_\_\_\_ **Relationship to patient:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_