

OFFICE USE ONLY

OFFICE USE ONLY			INS:	Exam Copay:	Optos Copay:
PREV / NEW	APP. / W.I	Appt. Time:	CL Plan:	Exam Plan ID:	

Last Name: _____ First Name: _____ Birthdate: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation and/or visually demanding activities: _____

INSURANCE ONLY:

Last 4 digits of SSN of Insured: _____ Name of Insured: _____ Birthdate of Insured: _____

Relationship to Insured: _____

What is the reason for your visit today? _____

	Y	N
Are you also here for a contact lens exam?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any health conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Please list:		
Do you take any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Please list:		
Do you have any allergies to medications?	<input type="checkbox"/>	<input type="checkbox"/>
Please list:		
Have you been diagnosed with any eye conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Please list:		
Any other eye trauma, operation, or surgical procedure to report?	<input type="checkbox"/>	<input type="checkbox"/>
Please list:		
Does any family member have a history of glaucoma or macular degeneration?	<input type="checkbox"/>	<input type="checkbox"/>

OCULAR HEALTH EXAM NOTICE

As we are dealing with the long term effects of COVID-19, we don't know about the long term effects this may have on the eyes. The Optomap Retinal Imaging is required by doctor because it is the safest way to check the health of your eyes at a safe distance.

This screening procedure can monitor for retinal complications including macular degeneration, glaucoma, and retinal holes or detachments. It will also detect problems unrelated to the eye that may show early signs in the retina such as hypertension, cancer/tumors, auto-immune disorders, and others.

Advantages:

- Is as fast as taking a picture
- **Does not require dilating drops.** You may not need to be dilated today, potentially eliminating a 30-minute wait and avoiding side effects such as blurry vision and light sensitivity
- Will be saved in your file, enabling your doctor to make important comparisons during your annual eye exam

Most vision insurances do not cover retinal imaging. We are committed to providing you with safe and thorough care. Due to COVID-19 this technology is now our standard of care.

The copay for this procedure is \$39.

Please initial _____

HIPPA PRIVACY**Acknowledgement of Receipt of Privacy Notice**

I acknowledge receipt of Privacy Practices. I understand that the location may use and disclose health information (for example: name, address, subscriber identification number, eye exam information) to another party, only when absolutely necessary for the purposes of billing insurances, performing administrative duties, providing me with eye care services and products. I can be assured that this location does not sell personal information of any sort to a third party. I authorize the location to submit my vision benefit claims to my plan sponsor or health plan to receive reimbursement directly for vision services and products that I have received from this location.

Patient/Guardian Signature

Today's Date