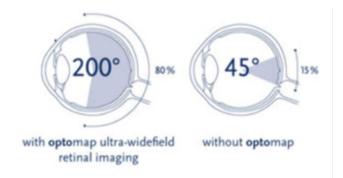


## **Eye Health Check Consent Form**

Dr. Meyer recommends the Optomap retinal screening because:

- Enlarged image for a more detailed view of the retina
- Quick rather than adding about 30 minutes to the appointment with dilation
- You leave the office with vision intact, rather than light sensitivity and near blur
- Creates a permanent record
- Allows year to year comparisons
- Can be reviewed by other doctors, if necessary



There is an additional fee of \$39 associated with this screening test.

## **Optomap Accept:**

I've been informed of the two options for the doctor to do a complete health check on my eyes. I am choosing to have the Optomap procedure done. I am also aware that I am responsible for the \$39 charge.

Patient/Agent/Guardian Signature	 Date
Dilation Accept:	
I've been informed of the two options for the doctor to do a co to decline the Optomap procedure. I am choosing to have the potential side effects.	
Patient/Agent/Guardian Signature	Date

## **Decline Both:**

I've been informed of the two options for the doctor to do a complete health check on my eyes. I am choosing to decline both procedures and understand that the doctor may not be able to fully assess the internal eye health.

Patient/Agent/Guardian Signature	Date