SCOTTSDALE EYEOLOGY

HEALTH TESTING NECESSARY FOR PROPER PATIENT CARE

Your vision insurance is defined as a minimal or basic eye examination. There is one vital health test that has always been part of our comprehensive eye health evaluation. In order to provide preventive eye health evaluations and preserve your sight by early detection of systemic (body) disease and eye disease, this test must be performed on all patients annually. Your vision insurance does not cover the cost of this vital test, yet they are extremely necessary.

The health tests being offered to you:

RETINAL PHOTOGRAPHY – Taking yearly colored photographs of the inside of the eyes is much like a dentist x-raying your mouth annually. The retinal photos document the internal health of your eyes and allow for accurate yearly comparisons. This enables the doctor to detect early eye health changes so that early treatment may be instituted to preserve your sight.

THE FEE FOR THIS HEALTH TEST IS $39

The fee is due today – the day service is rendered.

_____YES – I choose to have this preventive health test performed at $39. I understand the fees are due today.

_____NO – I choose to neglect the health test. I understand the medical risks involved due to my non-compliance.

DILATION - We highly recommend that you have your eyes dilated. Dilation allows for a more thorough evaluation to assess your risk for eye conditions such as glaucoma, macular degeneration, cataracts, diabetes, and other disorders. If you refuse dilation, there is a much greater chance that an eye disease could remain undetected. Dilating drops have a few side effects, all of which last approximately four hours. These include blurry near vision and increased sensitivity to sunlight. Blurry distance vision may occur, but patients usually feel comfortable driving with their glasses or contact lenses.

There is no additional cost for dilation.

_____ Yes, I agree to have my eyes dilated_____ No, I do NOT want my eyes dilated

_____ _____

Patient Name (Print) Date

_____

Patient Signature

ANY QUESTIONS REGARDING THIS PROCEDURE SHOULD BE DIRECTED TO DOCTOR.

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