

Gold Coast Eye Associates

Welcome to 21st Century Eye Care

Optos® Digital Retina Imaging

Optos takes a digital image of the retina (back part of your eye). What can the **Optos®** detect? Both ocular and systemic disease can be detected with the Optomap. The device allows us to evaluate your retina for early detection such as **macular degeneration, glaucoma, cataracts, retinal holes, retinal detachments, hypertension, diabetic retinopathy**, and many other **vision threatening conditions** such as benign nevi or "**freckles**". Freckles can also be found in the back of your eye, just like freckles on your skin. A device like the Optomap is critical to differentiate benign "freckles" versus malignant melanomas of the retina. The Optomap allows you the opportunity to see the inside of your eye just as the doctor would see it.

What else can the Optos® do?

- It allows for enlargement of image to see more detailed view of the retina
- It takes just a few minutes start-to-finish, a much shorter office visit than if dilation is performed
- You leave the office with vision intact, rather than with light-sensitivity and blur
- Creates a permanent record
- Images are stored and compared with images from future testing that allows the doctor to observe even the smallest changes from past exams allowing for early detection
- Can be reviewed by other doctors, if necessary
- 200 degrees or up to 82% of the retina captured in a single image, in multiple modalities, as well as eyecare professionals being able to see 50% more of the retina when compared to other conventional imaging devices

Digital retina imaging is a required screening procedure in this practice and in most cases, it is partially covered or not covered at all by insurance. However, in the event that this procedure reveals a pathological or "at risk" condition we will inform you that either the procedure is covered or may be covered by your medical insurance (not vision), however; this procedure should be made with the assumption that the procedure will be an out of pocket cost that has already been included in your copay. Further testing may be needed if the doctor finds anything for concern in the images, such as but not limited to dilation.

Signature

Print Name

Date

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of **Gold Coast Eye Assoc. Ltd. Co.** Notice of Privacy Practices.

Signature

Print Name

Date

INFORMED DILATION PROCEDURE

I have been informed on this date by my optometrist of the need for a dilated examination of my eyes and of its short-term side effects such as inability to focus at near, sensitivity to light, possible blurry distance vision and or mild burning upon instillation. It has been explained to me and I understand that a condition with the potential for partial or total loss of vision may exist and without dilation it may go undetected. Being advised of the above, I hereby declined to have my eyes dilated.

Signature of patient

Print Name of patient

Date

Signature of optometrist

Print Name of optometrist

Date

INFORMED TONOMETRY REFUSAL

I have been informed on this date by my optometrist of the need for an eye pressure test to screen for glaucoma. It has been explained to me and I understand that if I have glaucoma and a pressure test is not performed, the disease may go undetected with the potential for partial or total loss of vision. I have also been informed of the various means by which my eye pressure may be tested. Being advised of the above, I hereby decline to have an eye pressure test.

Signature of patient

Print Name of patient

Date

Signature of optometrist

Print Name of optometrist

Date

CONTACT LENS POLICY

(signature required regardless of contact lens fitting or not)

I understand that I **MUST** come back for a follow up visit in order to finalize my contact lens prescription. This follow up must be scheduled within 1-2 weeks from the initial date of my exam (per the doctor's instructions). If I fail to come back for said follow up visits, I understand that the **maximum** grace period is **30 DAYS** from the date of my initial eye exam (keep in mind that most trial sets are only good for a **maximum** of 2 or 4 weeks). If I wait longer than that, I **WILL** be charged an office visit or additional fitting fee. *After 3 months, I will be required to have a new eye exam.* Furthermore, if I purchase contacts, I have a 30-Day grace period to return or exchange said contacts as long as they haven't been opened or used.

Signature

Print Name

Date