

Digital Retinal Photography/OCT Retinal Scan

An important part of your annual eye exam is a thorough evaluation of your retina (the back portion of your eye). We offer state-of-the-art technology that can help provide a thorough medical analysis of your ocular health including **Digital Retinal Photography** (image of your retinas) and **Optical Coherence Tomography** (detailed scans of important structures in your retinas).

This evaluation is highly recommended for *preventative* eye care for all patients on an **annual** basis, but they are significantly important for patients with the following conditions/criteria:

- History of Diabetes, Hypertension, High cholesterol, Blood disorders, Neurological disorders, Autoimmune disease
- Ocular history of Cataracts, Glaucoma, Macular Degeneration, Flashes/Floaters
- Patients with family history of the above systemic/ocular diseases
- Patients with high nearsightedness (over -4.00)
- Patients over 40 years of age
- Headaches
- Patients using medications with potential ocular side effects - Plaquenil, Ethambutol, Topamax, Flomax, blood thinners, herbal supplements

This does not fully replace dilated eye exams. After the technician performs the imaging, the doctor will review these results with you during your examination today. There are little-to-no side effects from the imaging, except for a bright flash after-effect, like a camera flash may do. These tests will become part of your permanent patient record.

There is a **\$49** charge for this test and is typically not covered by your medical or vision insurance. The cost will be added to the price of your exam copay today and must be paid in full if performed.

Please Check One:

- **Yes**, I wish to have the DRP/OCT performed today
- **No**, I do not wish to have the DRP/OCT performed today
- I wish to **discuss** the DRP/OCT with the Doctor

Signature: _____ Date: _____



Glasses & Contact Lens Communication

In accordance with the Spectacle Rule & Fairness to Contact Lens Consumers Act (FCLCA), we are required to provide you, the patient, with a copy (paper or digital) of your finalized glasses &/or contact lens prescription after your examination. You also have the right to request for your prescription(s). If the prescription(s) is expired, it will be labeled as so. The prescription(s) valid for **one year** after it is finalized by your doctor.

I, _____ attest that I have received my finalized glasses and/or contact lens prescription from my eye care professional at Optic Gallery Skye Canyon.

Please indicate which method of delivery you prefer to receive your contact lens prescription (please initial preference):

_____ Paper

_____ Digital (Via patient portal or Email).

Patient Signature: _____ Date: _____