

# OPTOMAP Retinal Examination

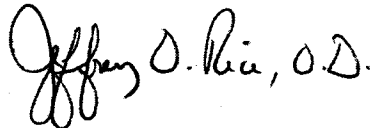
Due to ongoing advancements in healthcare knowledge and technology, new procedures and diagnostic equipment continually become available to us. We feel it is our duty to evaluate each of these developments and adopt those which will enable us to provide the best possible vision and eye care for our patients.

Many ocular problems occur without any symptoms and previously could only be detected by dilating the eye. As with many other health problems, early detection is vital to your ocular health, but we know many patients are reluctant to have routine dilation done at every comprehensive eye examination.

Our office now has the technology to perform retinal imaging which allows us to review your optic nerve, macula, retinal blood vessels, and multiple layers of nearly the entire retina! This is called the **Optomap Retinal Examination** and is the best way to detect and monitor things like macular degeneration, retinal holes/tears/detachments, glaucoma, diabetic/hypertensive retinopathies, and much more. This amazing technology does *not* require pupil dilation and therefore does *not* increase light sensitivity *nor* does it cause blurred vision.

Both Dr. Rice and Dr. Galloway strongly recommend that all patients have an **Optomap Retinal Examination** performed during every comprehensive eye examination. This allows early detection of diseases and since images are digitally stored, it allows us to monitor any subtle changes that may occur over time. Unfortunately insurances do not yet cover this service unless the doctor detects or is monitoring certain ocular diseases. The charge for the Optomap Retinal Examination is \$35.

Dr. Jeffrey D. Rice



Dr. Slade S. Galloway



Please consider and initial one of the options below:

- \_\_\_\_\_ A) Yes, I would like to have the **Optomap Retinal Examination** performed!
- \_\_\_\_\_ B) I am unsure and would like to discuss it further with the Doctor.
- \_\_\_\_\_ C) No, I would not like to have the **Optomap Retinal Examination**, but would like to be dilated today.
- \_\_\_\_\_ D) No, I would not like the **Optomap Retinal Examination** performed nor would I like to have my eyes dilated today, with the understanding that my doctor will have a limited view of the retina.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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**Jeffrey D. Rice, O.D.**

**Slade S. Galloway, O.D.**

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