

EyeScreen Photographic Examination

Dr. Jon Wada and Dr. Debbi Fan are pleased to provide our patients with an advanced digital retinal exam called EyeScreen. EyeScreen is a high resolution screening photograph of your retina which will help us document, review, and compare your retina over time. We will use the EyeScreen exam to document a baseline image for our charts, screen for eye diseases and improve our ability to view your internal retinal health at a much higher resolution than with normal instrumentation.

We are concerned about retinal problems such as macular degeneration, glaucoma, retinal holes, detachments, and diabetic retinopathy (all of which can lead to partial loss of vision or blindness). Additionally, many signs of systemic diseases such as diabetes and high blood pressure can be detected with the EyeScreen Photographic Examination.

EARLY DETECTION OF EYE DISEASE IS CRUCIAL.

You can expect from this exam:

- An annual eye wellness EyeScreen photograph
- An in depth view of the retinal surface (where many eye diseases first manifest)
- The ability to review the images with you (we will go over your Eyescreen photo with you)
- A permanent record for your medical file, for serial analysis, comparisons, and diagnosis
- An aid to monitor your eye health, especially if you have a family history of eye disease.
- To be fast, easy and comfortable

Medical insurance is designed to pay for photographs when existing eye disease is present, and we will bill your medical insurance for photograph and report when appropriate. However, if you have not been diagnosed with an eye disease, insurance will not cover the cost of the EyeScreen Examination.

Dr. Wada and Dr. Fan recommend this procedure for all of our patients and will perform the EyeScreen Exam at an **additional cost of \$30.00** to the basic eye exam you are receiving today. If you have any questions about this procedure, please feel free to wait to speak to our staff, or to Dr. Wada or Dr. Fan before signing this form.

Please read and sign below.

I AGREE TO have my retinal health evaluated with the EyeScreen Exam.

I DO NOT wish to have the Eyescreen Retinal Photographic Exam. I understand that I will still receive a thorough eye examination.

Patient Signature

Date