

## PROCEDURE WAIVER / CONSENT FORM

These procedures are usually **NOT COVERED** by your insurance company. These charges must be paid by the patient in most cases unless the doctor determines that there is a medical reason to justify these procedures.

You have the right to participate in your health care decisions and to refuse any procedures recommended. We have an obligation to make sure you fully understand the reasons for the procedures recommended and potential consequences of refusing to have those procedures performed.

**A) Optical Coherence Tomography (OCT)** takes a 3D scan of your retina. It's essentially an MRI of the back of your eye. This is the **most advanced diagnostic procedure available today** to detect macular degeneration, glaucoma, retinal holes or defects, diabetic retinopathy, along with a host of other conditions. The fee for this 3D scan is \$39.00. \_\_\_\_\_ (initials)

**B) Computerized Retinal Imaging** takes a digital photograph of your retina. This state of the art technology allows us to see a complete 2 dimensional front on view of your retina, optic nerve and retinal blood vessel health without pupil dilation in most cases. The fee for this imaging is \$39.00. \_\_\_\_\_ (initials)

**C) Corneal Topography Screening** maps out the geographical shape of the cornea which is the very front of your eye. This procedure allows us to detect various stages of corneal disease such as severe astigmatism, keratoconus and many other conditions. The fee for this procedure is \$25.00. \_\_\_\_\_ (initials)

\*\* We also use corneal topography for more accurate contact lens fitting and this procedure is routinely performed as part of your contact lens evaluation if you are a contact lens patient. This fee is included as part of your total contact lens evaluation fee.

**We highly encourage all patients to have all 3 procedures performed.**

The package fee to have all 3 procedures performed is \$59. (\$49 for contact lens patients). **Best deal.**

The package fee to have just 2 procedures of your choice performed is \$49. (\$39 for contact lens patients which includes procedure C and your choice of scan A or image B)

The fee for having just one procedure performed is our usual and customary individual procedure fee.

Please initial next to the test(s) you wish to have performed

If you elect to decline any additional testing, please initial here \_\_\_\_\_ and we will provide a dilated or non-dilated eye exam as deemed appropriate by the doctor.

Signature \_\_\_\_\_ Date \_\_\_\_\_