BRIGHT EYES OPTOMETRY RETINAL PHOTOGRAPHY CONSENT FORM

At **Bright Eyes Optometry**, we believe in offering the best possible care to all of our patients. As part of your annual eye exam, the doctor highly recommends **Optomap Retinal Exam** (**Retinal Photography) and iWellness OCT** be performed as standard of care in addition to your eye dilation. The optomap screening procedure consists of capturing a 200° Ultra-widefield high-resolution digital image of the retina in a single shot - without dilation. The iWellness OCT scans subclinical layers of the retina that cannot be seen with normal examination techniques. These scans are NOT X-rays and nothing will be touching your eye. This photo and scan is immediately available for review with you and your eye doctor.

This permanent record is very valuable in assessing the current health of your eye and safeguarding the health of your retina, optic nerve, macula, and blood vessels. It will also serve an initial point with which to compare as we follow your health in subsequent years.

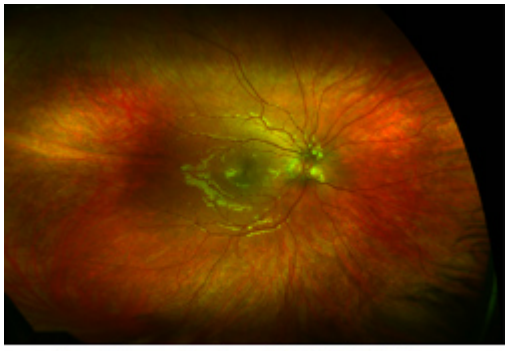
Retinal photography does not take the place of a dilated eye exam, and the doctor will advise you as to the necessity of a dilation in conjunction with your retinal photos.

Highly recommended for:

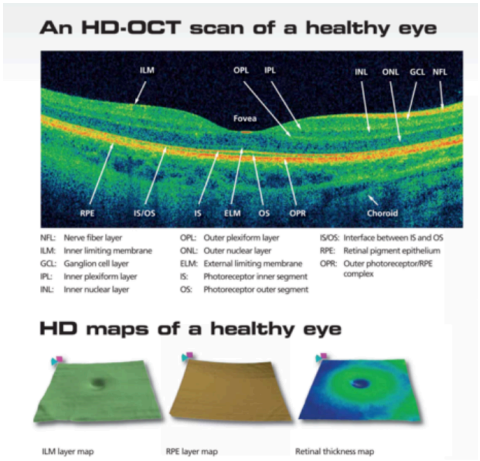
- Patients concerned about retinal disease, glaucoma, or macular degeneration.
- Patients who have moderate/high prescriptions
- Patients with diabetes or high blood pressure
- Patients over the age of 40
- Pregnant women
- Patients afraid of eye drops

Benefits

- Comprehensive retinal evaluation
- Takes just a few minutes to perform
- No vision blur after taking the image
- Non-invasive, does NOT touch eye
- Creates a permanent record
- Allow for future comparisons year by year
- Can be reviewed by other doctors, if necessary



An optomap® ultra-widefield 200 degree view of a healthy retina



The Optomap and iWellness OCT will be performed annually as standard of care for every patient UNLESS a waiver is signed. There is a fee per scanning session and your insurance may not cover the photos.

▢ **YES, I WOULD LIKE TO HAVE THE OPTOMAP RETINAL PHOTO + iWELLNESS OCT SCAN**

▢ **NO, I DECLINE TO HAVE THE OPTOMAP +iWELLNESS OCT PERFORMED**

Patient/Responsible Party Signature Date

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