

**RETINAL PHOTO CONSENT FORM:**

Dear Patient:

Our office has a diagnostic instrument that does Digital Retinal Imaging: It takes digital photographs of your retina (the back of your eye). These screening photos will be used to evaluate the Optic Nerve, Macula, Blood Vessels and Tissues of the back of the eye.

\*Is a Screening Retinal Photography a necessary part of your eye exam? Yes, it assists in the early detection of many disorders that affect the eye, most of which do not have any symptoms. Dr. Johnson would like you to do this every year or at least every other year in addition to your routine exam.

This procedure is non invasive and will not touch your eye in any way. It's a matter of you looking at a light while the machine takes a picture. Dr. Johnson will review the photos with you during your exam. Even the smallest change from any previous photos can be observed and will provide you with a more thorough medical analysis of your eye health.

This procedure is strongly recommended as part of your exam if:

You are a new patient to this office. (Children able to sit still)

You have never had retinal photos in this office, or it's been a year or two since your last photo.

Takes the place of Dilation, in most cases.

You or your family have a history of high cholesterol, elevated blood pressure or any circulatory disorder.

You or your family have a history of diabetes or elevated blood sugar.

You have headaches or visual disturbances suggestive of a neurological problem.

You or your family have a history of elevated eye pressure, glaucoma or Macular Degeneration.

You have or had any retinal disorder such as detachments, tears, floaters or flashing lights, veil over vision.

Bleeding or macular degeneration.

Your vision is not correctable to 20/20 in one or both eyes or you have Cataracts.

You were told by your previous eye doctor of some changes in the back of your eyes.

**The charge for this procedure is \$39.00**

\_\_\_\_\_ YES, I want this procedure

\_\_\_\_\_ NO, I do not want this procedure.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Your digital images will be stored in your chart to be compared with images from past or future exams.

**Thank You, Dr. Lauren Johnson**