

Digital Retinal Imaging and Optical Coherence Tomography

The Digital Retinal Imaging and Optical Coherence Tomography Screening devices take high resolution scans of the retina (nerve layer inside the back of your eye). These procedures assist the doctors in the early detection of many disorders, including glaucoma, diabetic retinopathy, macular degeneration, hypertensive retinopathy, retinal tears, retinal detachments, and other sight threatening conditions. The scans will be used to compare with future images to observe changes in the health of the inside of your eyes.

The doctors recommend all patients have this procedure performed routinely, **every year**.

Medical and Vision insurances do not pay for *routine* photos. The charge for *routine* Digital Retinal Imaging and Optical Coherence Tomography screening is *only \$39*.

If there is a medical diagnosis, your medical insurance may pay for this procedure. This requires a written interpretation and report by the doctor and *additional fees* will be submitted to your insurance company. The doctors will not know prior to your exam if there is a medical diagnosis that would allow for insurance submission.



Normal, Healthy Eye



Abnormal, Unhealthy Eye

Extended Ophthalmoscopy

The doctor will only perform this procedure if he or she feels it is medically necessary.

By signing and agreeing to the terms of the consent form, you are giving the doctor permission to perform this test.

In order to perform this procedure, your eyes need to be dilated. Dilation of the pupil allows a more thorough examination of the retina that cannot be done through an undilated pupil.

Extended Ophthalmoscopy is a procedure that allows the doctor to thoroughly examine all parts of the peripheral retina, as well as, obtain an enhanced view of the central retina through the dilated pupil.

Extended Ophthalmoscopy aids in the detection of many diseases and conditions such as:

- **Tumors**
- **Cancer**
- **Macular Degeneration**
- **Cataracts**
- **Glaucoma**
- **Diabetic Retinopathy**
- **Hypertensive Retinopathy**
- **Retinal Holes, Retinal Tears, and Retinal Detachments.**

We recommend Extended Ophthalmoscopy at least every few years, depending on your age and medical history. Some conditions (i.e. Diabetes, Lattice Degeneration, Hypertensive Retinopathy, Macular Degeneration, etc.) require more frequent Extended Ophthalmoscopy procedures.

Most patients feel safe to drive when dilated; however, we recommend you bring a driver. The effects of the dilation drops can *last 4 to 6 hours* and may include: *Light sensitivity, Glare, and Blurred vision* (usually reading vision).

If you have Medical Insurance, as a courtesy, we can provide claim submission for you.

However, please realize some insurance companies will deny payment as “*not medically necessary*” or “*not a covered service.*”

If your insurance company denies payment, you will be responsible for the \$70 Extended Ophthalmoscopy fee.

Informed Consent for Digital Retinal Imaging, Optical Coherence Tomography Screening and Extended Ophthalmoscopy

Your medical insurance is a contract between you (the patient), your employer, and the insurance company. The responsible party for payment is the patient.

Payment is due when services are rendered. We will refund you any insurance reimbursements we receive.

By signing this informed consent, you acknowledge reviewing the Digital Retinal Imaging, Optical Coherence Tomography, and Extended Ophthalmoscopy handouts and agree to the associated fees, if applicable.

Please place a **check mark** in the appropriate boxes, **sign and date**.

Digital Retinal Imaging (DRI) and Optical Coherence Tomography (OCT)

- Yes**, I want to receive the DRI and OCT tests, if the doctor feels it is necessary. I understand and agree to the above terms.
- No**, I Decline the DRI and OCT tests. I understand the benefit of these procedures and the risks involved in refusing the tests. I therefore release the doctors and staff at the Los Angeles EyeCare Optometry Group from any liability resulting from failure to diagnose or treat any eye condition due to the lack of diagnostic information, which could have been obtained by performing these tests.

Extended Ophthalmoscopy (EO)

- Yes**, I want to receive the EO procedure, if the doctor feels it is necessary. I understand and agree to the above terms.
- Yes**, I want to receive the EO procedure but would like to **reschedule** on a more convenient day. I understand and agree to the above terms.
- No**, I Decline the EO procedure. I understand the benefit of these procedures and the risks involved in refusing the tests. I therefore release the doctors and staff at the Los Angeles EyeCare Optometry Group from any liability resulting from failure to diagnose or treat any eye condition due to the lack of diagnostic information, which could have been obtained by performing this test.

Patient's signature: _____

Date: _____

Print Name: _____