



Optomap Digital Eye Imaging Technology

Visionarium Optometry is pleased to offer you and your family the most highly advanced technology available in eye disease detection, the Optomap Digital Retinal Imaging.

Our Doctors are concerned about retinal diseases such as macular degeneration, glaucoma, retinal detachments, and diabetic retinopathy; all which can lead to partial loss of vision or blindness. Additionally, systemic diseases such as diabetes and high blood pressure can be detected with a retinal examination. Eye exams with retinal evaluations can help you safeguard both your eyesight and general health.

The Optomap Digital Retinal Imaging allows us to thoroughly evaluate your internal eye health with dramatically improved precision that includes a depth in the retina not seen with regular dilation.

The doctor strongly recommends that **all patients** have this procedure performed annually. It is especially important for people who have:

- **Headaches**
- **Diabetes**
- **High Blood Pressure**
- **High Cholesterol**
- **Family History of Glaucoma, Macular Degeneration, and/or Blindness**
- **Family History of Diabetes and/or High Blood Pressure**

With an annual Optomap, our doctors can track your eye health for concerns, comparison, and treatments. Because Medical and Vision insurances do not pay for *routine* photos, there is a **\$35.00** fee for this procedure. *(Please advise staff if you have a history of epilepsy.)*

The Optomap eliminates the need to be dilated, in most cases.

_____ I elect to have an Optomap Digital Retinal Scan of my retina.

_____ **I DECLINE** the Optomap Retinal Scan and am choosing to be dilated today. I understand that my vision will be slightly blurry after dilation and light sensitive for 4 or more hours.

_____ **I DECLINE** BOTH the Optomap and dilation. I understand that the potential for partial or total loss of vision may exist due to undetected eye disease. I therefore release Dr. Chester Quan and Dr. Christina Chang 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.

Signature: _____
Patient / Parent or Guardian if patient is a minor

Date: _____