



## Consent to Perform Additional Testing

Dear Patient,

Harmony EyeCare now performs screening retinal photography for all patients 30 years and older. These digital images of the back of your eye (the retina) allow us to provide you with a more thorough medical evaluation of your eye health. The procedure assists Dr. Verbeck in the early detection of many disorders including cataracts, glaucoma, diabetic retinopathy, macular degeneration, retinal detachments, and other vision-threatening conditions which affect the optic nerve, macula and blood vessels. These digital images also provide the doctor a baseline to compare with images from future exams. This allows the doctor to observe even the smallest change from the previous exam.

Dr. Verbeck strongly recommends this procedure in addition to your routine exam if:

1. You are a new patient to this office.
2. You have never had retinal photos in this office.
3. You are 55 or older.
4. You have or have a family history of high cholesterol, elevated blood pressure, or any circulatory disorder.
5. You have or have a family history of diabetes or elevated blood sugar.
6. You have headaches or visual disturbances suggestive of a neurological problem.
7. You have or have a family history of elevated eye pressure or glaucoma.
8. You have any retinal disorder such as detachment, tear, floaters, flashing lights, bleeding, or macular degeneration.
9. Your vision is not correctable to 20/20 in one or both eyes.
10. You were told by your previous doctor of some changes in the back of your eyes.

There is an additional fee of \$29.00 for this procedure. In most cases this procedure is not covered by your vision plan. If pathology or an "at risk" condition is documented with the screening photos, we will bill your health or medical insurance if we are providers for your plan. Otherwise we will be happy to provide you with a receipt for you to file for reimbursement.

Yes, I would like to have retinal photos taken.

No, I do not wish to have retinal photos taken.

I would like to consult with the doctor before deciding.

Patient Signature: \_\_\_\_\_

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