

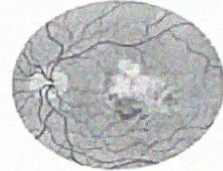
Optional Test- Retinal Photos

Medivision offers digital retinal imaging. This photograph is extremely helpful to the doctor, assisting in early detection of many disorders, including glaucoma, diabetic retinopathy, macular degeneration, retinal detachments, and other vision threatening conditions. Even if you believe you have healthy eyes, this photograph can be viewed year to year showing subtle changes not detected without the digital images & reviewed in the future if new issues ever appear.

The doctor strongly recommends that ALL patients have this procedure performed.

It is especially important for people who have:

- *Spots or flashes in vision
 - *Reached the age of 40
 - *Sudden vision changes
 - *If you or family member has:
- | | | | |
|-------------------|----------------------|-----------------------|-----------|
| *Headaches | *New patients | *Eye freckle (nevus) | *Glaucoma |
| *High cholesterol | *High blood pressure | *Retinal disorders | *Diabetes |
| | | *Macular degeneration | |



The cost of this test is **\$36.00** and is **not covered by insurance**. **Payment is due day services performed.**

YES, I DO want this retinal screening performed.

NO, I DON'T want this retinal screening performed

PRINT NAME _____

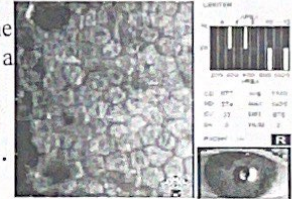
Date _____

Signature _____

Contact Lens Eye Exam

In Addition To A Comprehensive Eye Exam, We Perform A Corneal Evaluation On Every Contact Lens Wearer

A corneal evaluation is a snap-shot of your corneas. The purpose of this test is to thoroughly examine the cornea for contact lens related changes. If you are interested in contacts for the 1st time, or if you are a seasoned wearer, this test is will be performed yearly to determine the current condition of your corneas.



Corneal Evaluation is necessary for all contact wearers prior to prescribing any lenses.

The cost is **\$35.00** and is **not covered by insurance**.

Payment is due day services performed.

Note* Additional fees for refits (\$49-99) or new trainings (\$89-205) may apply.
Not everyone can successfully wear contacts. NO REFUNDS WILL BE ISSUED.

YES, I DO want to wear contacts & have the corneal evaluation performed.

NO, I DON'T want corneal evaluation performed. I understand by declining this test I will not be prescribed contacts and therefore will not be able to order lenses.

PRINT NAME _____

Date _____

Signature _____