

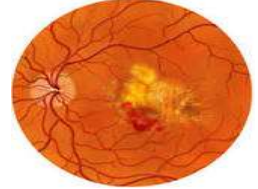
Retinal Photography

MediVison offers digital retinal eye imaging. Yearly digital imaging is one of the most effective ways to closely monitor the health of the internal structures of the eye and can aid in early detection of eye disease, such as GLAUCOMA, DIABETES, MACULAR DEGENERATION & other vision threatening conditions. Even if you believe you have healthy eyes, these images can show subtle changes not detected without them & can be reviewed in the future if new issues were to ever appear.

Our doctors strongly recommend that ALL patients have Retinal Screening performed.

It is especially important for people who are/are concerned for or have/have a family history of:

- | | | |
|-------------------------|------------------------|----------------------|
| * New Patients | * Floating Spots | * Flashing Lights |
| * Sudden Vision Changes | * Headaches | * Over The Age Of 40 |
| * Diabetes | * High blood pressure | * High cholesterol |
| * Glaucoma | * Macular degeneration | * Retinal Disorders |



The cost of the Retinal Screening is **\$36.00** and is **not** covered by insurance. **Payment is due day of services.**

_____ YES, I DO want the Retinal Screening performed.

_____ NO, I DO NOT want the Retinal Screening performed.

(NOTE: If you have known internal eye disease, we will take photographs, if necessary, and file this service to your Medical Insurance)

PRINT NAME _____ Signature _____ Date _____

Contact Lens Eye Exam

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

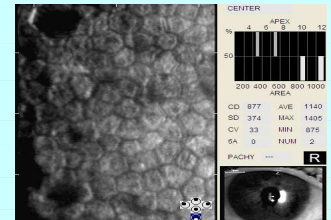
A corneal evaluation is a snap-shot of your corneas. The purpose of this test is to thoroughly examine the cornea for contact lens related changes. This test is will be performed yearly to determine the current condition of your corneas.

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 evaluation performed

_____ NO, I DO NOT want the evaluation performed. I understand by declining I will not be prescribed contact lenses & will also be unable to order lenses

PRINT NAME _____ Signature _____ Date _____