

Your Retinal Exam

We realize that having your eyes dilated is not the most pleasant experience, but it is **THE SINGLE BEST WAY** for the doctor to get a detailed look at every structure of the eye. Cancers, retinal tears, cataracts, hypertensive and diabetic retinopathy, glaucoma, and macular degeneration are all examples of sight- or even *life*-threatening conditions and diseases that can be detected earlier through regular **DILATED** eye exams. Dilating your eyes is like the difference between looking through a keyhole and looking through a wide-open window—the doctor can see EVERYTHING once your pupils are dilated.

There are two options from which you may choose today:

1. **OPTOMAP** – Photos of the back of the eye. There are no side effects and they will remain on your permanent record.
***Optomap is an additional \$39.00 for your visit today. In certain instances, we may still need to dilate.**
2. **DILATION**—Eye drops are instilled to enlarge pupil. The drops will cause light sensitivity and near vision blur for a few hours.
***Dilation is completely covered by the exam fee.**

In order to perform the most comprehensive exam our office requires all patients to select either:

_____ Dilation _____ Optomap

Signature of patient, guardian or parent if a minor _____

(Sign)

(Print name/relationship)

PLEASE SEE BACK PAGE

CANCELLATION AND NO SHOW POLICY

Our goal is to provide quality individualized routine vision and medical care in a timely manner. No-shows, late shows and cancellations inconvenience other people who need access to care.

If you are unable to make your appointment, we **require** that you contact us at least 24 hours in advance of your appointment to cancel or reschedule. Cancellations made **less than 24 hours in advance** do not allow us sufficient opportunity to offer that time to another patient and may be subject to a \$25.00 late cancellation fee. *

Patients who do not show up for their appointment will be considered a **NO SHOW** and may be subject to a **\$35.00 No Show Fee**. This includes arriving up to 15 minutes after your scheduled appointment time. Patients who No-Show two (2) or more times in a 12-month period, may be dismissed from the practice and denied any future appointments.

The Cancellation and No-Show fees are the sole responsibility of the patient and must be paid in full before scheduling a future appointment.

Please sign that you have read, understand, and agree to this Cancellation and No-show Policy.

Patient Name (Please Print)

Signature of Patient or Patient Representative

Date

**At the discretion of Century Eye Care*

Date:

Initial:

