



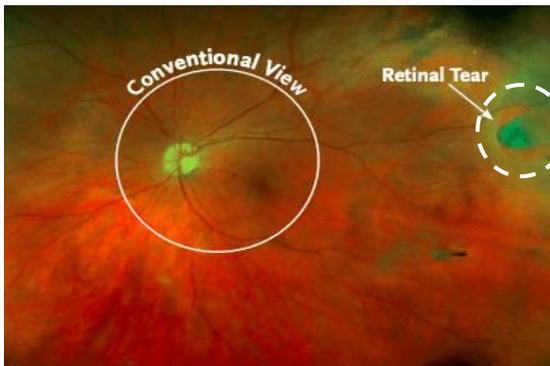
**Dr. Lewis & Associates** offers a state-of-the-art digital scanning technology that allows us to view the inside of your eye **without the use of dilation drops in most cases**. The OPTOMAP allows us to evaluate your retina for problems such as retinal tears, retinal detachments, retinal tumors, macular degeneration, hypertension, and diabetic retinopathy. This scanning system is completely safe for kids and adults and does not emit radiation like an X-ray.

**Optomap exam advantages**

vs.

**Dilated exam**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>1. No blurred vision</li> <li>2. No light sensitivity</li> <li>3. Images can be captured in 0.25 of a second</li> <li>4. Permanent record of retina for future comparison</li> <li>5. You can see your retina!</li> </ul> | <ul style="list-style-type: none"> <li>1. Blurred near vision for 4 – 6 hours</li> <li>2. Light sensitivity for 4 – 6 hours</li> <li>3. 20-30 min longer office visit waiting for drops to work</li> <li>4. No permanent digital record of retina</li> <li>5. Only the doctor can see the retina</li> </ul> |
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**Optomap image showing retinal tear**

**Retinal image with a horseshoe tear that would be very difficult to detect without the Optomap.** Problems such as retinal tears can occur **without symptoms** and potentially lead to retinal detachment and vision loss. Dr. Lewis and his associates have discovered retinal tears in numerous patients through the use of the Optomap. Prompt referral to a retinal specialist saved vision in each case.

We recommend that **ALL** patients have a thorough examination of their retina during every routine eye exam. **Without the Optomap or the dilated examination, the doctor cannot fully assess the health of the back of your eyes.** There is an additional fee of \$25 for the Optomap. In most cases, this procedure is not covered by insurance.

\_\_\_\_\_ I elect to have an Optomap (\$25) and understand it is not required but recommended by our doctors.

\_\_\_\_\_ I prefer a dilated exam of my retina and I have been informed of the side effects listed above.

\_\_\_\_\_ I do not wish to have either the Optomap or dilation performed, and understand that I am limiting my doctor's ability to diagnose eye diseases that could lead to vision loss.

\_\_\_\_\_ I wish to speak with the doctor first before making a final decision.

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

\_\_\_\_\_ Date