Patient Name:_____ **Date:** _____

Dilation of Pupils: Health problems such as glaucoma, cataracts, retinal tears, diabetes, high blood pressure, and some tumors may be detected even before the onset of symptoms or loss of vision; it is for this reason that Dr. Sue Ann Sanford, Focusing on Eye Care, Inc., & its associates recommend dilated eye exams. Dilation will temporarily result in blurred vision and sensitivity to light for about 2-4 hours. Sunglasses will be provided if needed. Many insurance plans DO include dilation as a covered benefit. The fee for dilation is $20.00 above charges for a basic routine eye exam. Please initial your choice regarding the dilation:

_____I prefer to have a comprehensive eye exam that includes dilation. (most insurance companies consider dilation of pupils a covered benefit)

_____I prefer **today to defer or reschedule the dilation.** I understand that there may be diseases, defects, lesions, or other problems of the eye or body associated or not associated with pain, vision loss, or other symptoms that were not examined or ruled out today; and as a result, I do not hold Sue Ann Sanford, OD, or Focusing on Eye Care, Inc. and its associates liable for any delay in diagnosis and treatment that may have resulted from my deferring dilation today. I understand that it is my or my guardian's responsibility to reschedule this portion of the exam.
If you do NOT want to be dilated today, you must sign here:
Signature:_____Date:_____

Optomap Retinal Imaging: Optomap retinal imaging consists of a high-definition device that assists in wide field retinal imaging for the detection of disorders on the surface of the retina. Optomap imaging is quick, painless, does not impact vision, and provides an excellent baseline reference point for future eye health comparisons. The fee for Optomap retinal imaging is $35 (above charges for a standard eye health exam). Many insurance plans do NOT cover this retinal screening. Please initial your choice below:

_____ Yes, I do consent to have Optomap Retinal Imaging for an additional $ 35.00.

_____ No, I do not wish to have this procedure performed.

Wellness OCT Retinal Screening: This unique technology allows for a deeper non-invasive retinal evaluation so our doctors have the ability to see beneath the surface of your retina. This aids in the detection of vision threatening diseases such as diabetic retinopathy, macular degeneration, etc in their very early stages before they are evident on the surface of the eye.

_____ Yes, I do consent to a Wellness OCT screening retinal exam for an additional $ 35.00.

_____ No, I do not wish to have this procedure performed.

Contact Lens Evaluation Policy: (Please Skip if you do NOT want a contact lens prescription)
Contact lenses are medical devices that require a separate evaluation/fitting process (which is not part of the standard eye health exam) in order to obtain a contact lens prescription. Previous contact lens patients still require this evaluation to maintain the correct fit of the contacts and ensure that there are no eye health problems from lens wear. Contact lens exam fees are **non-refundable** and include the evaluation for contacts, diagnostic soft contacts that may be needed to conduct the fitting process, and 60 days of follow up visits as needed for the process of finalizing your contact lens prescription. **The 60 day follow up period does NOT include visits for medically related eye conditions that may or may not be related to contact lens wear (e.g. eye infections, corneal ulcers, allergies, etc..)** There will be an office visit charge for these medical eye visits which your insurance may or may not cover if we have to address infections, ulcers etc. **If you do not return within the 60-day follow-up period to finalize your contact lens prescription, there will be a $25 charge for each visit thereafter.**
I have read and understood the contact lens evaluation policy and wish to have a contact lens exam:

_____ _____
(Patient Signature) (Date)