

Name: _____



Optomap Digital Eye Imaging Technology

Our Doctors are concerned about retinal diseases such as macular degeneration, glaucoma, retinal detachments, and diabetic retinopathy; all of which can lead to partial loss of vision or blindness. Additionally, systemic diseases such as diabetes and high blood pressure can be detected with a retinal examination. Eye exams with retinal evaluations can help safeguard both your eyesight and your general health.

Optomap Retinal Imaging Provides:

- The ability to evaluate your retinal images today, during your exam.
- A permanent record for your medical records, which gives your doctor a comparison for diagnosing and tracking retinal eye disease annually.
- Fast, easy, and comfortable.
- In most cases, **eliminates the need to be dilated.**

The cost of this test is **\$35.00**, and is not covered by insurance.

Optomap : _____ Dilation : _____ Signature : _____ Date : _____
 Optomap : _____ Dilation : _____ Signature : _____ Date : _____
 Optomap : _____ Dilation : _____ Signature : _____ Date : _____
 Optomap : _____ Dilation : _____ Signature : _____ Date : _____

MPOD *QuantifEYE* - Macular Degeneration Testing

Kennedy Vision Health Center has an exciting new instrument called *QuantifEye*. It measures the amount of macular pigment in your retina (MPOD Score). Low macular pigment is a key risk factor for age-related macular degeneration. Macular pigment is also associated with improving visual complications due to glare, halos, and night driving. A healthy macular pigment blocks harmful blue wavelengths of light from reaching the visual photoreceptor cells in the back of the eye.

If you have blue, green, or hazel eye color and are over the age of 40, you are at higher risk. If you have macular degeneration, have a family history of macular degeneration, have diabetes, or if you have ever smoked, this test is also important for the future of your vision.

The cost of this test is **\$15.00**, and is not covered by insurance.

Yes: _____ No: _____ Signature: _____ Date: _____
 Yes: _____ No: _____ Signature: _____ Date: _____
 Yes: _____ No: _____ Signature: _____ Date: _____
 Yes: _____ No: _____ Signature: _____ Date: _____