



At **Complete Family Eye Care** we pride ourselves on providing our patients with the best possible standard of care. Because of this we perform the **optomap®** Retinal Exam with our patients. This non-invasive procedure allows your doctor to see a much broader and more detailed view of the retina than is possible with conventional methods. When reviewed, the scan becomes a permanent part of your medical file, enabling your doctor to make important comparisons should potential vision threatening conditions show themselves at a future examination. **Dr. Bitá Garza and Dr. Kenneth Garza strongly believe that the optomap® Retinal Exam is an essential part of your comprehensive eye exam and prescribes it for all patients once per year.**

This scanning technology allows us to view the inside of your eye without the use of dilation drops. We may be able to detect early signs of glaucoma, diabetic retinopathy, retinal detachments, macular degeneration, hypertension, melanoma and many other serious vision and health concerns.



- Takes less than one second to take a picture of up to 80% of your retina
- Digital record of the internal structure of your eye to compare at future visits
- No blurring or light sensitivity following exam
- You can see the inside of your own eye

A dilated exam can be performed at your exam, but please note that it will have an effect on your vision for 3-5 hours (blur and light sensitivity). Dilation is a very thorough way to look at the retina but there is no permanent record without photo documentation.

Our office charges an additional \$39 per patient for this service. Please be aware that the fee for this service may not be covered by your insurance plan. If it is, you will be reimbursed.

- Please take the **optomap®** photos of my eyes today (**\$39 additional charge**)
- I decline the photos today, but consent to a dilated retinal exam. Dilation will add 45 minutes to an hour to your exam.
- I decline both photos and dilation of my eyes today. By declining both of these tests, I understand that the doctor may not be able to fully assess the health of my eyes.

Patient Signature

Date