

Don Fong, OD FGI

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Calif Glaucoma Certified 2015

Authorization of Additional testing not covered by insurance

Dr. Fong has acquired the state of the art Retinal and Ocular Imaging System (OCT retinal imaging system.) Unlike any retinal camera or retinal photographs, our Zeiss OCT retinal imaging produces an MRI like quality analysis that sees structures below the retinal surfaces using different frequencies of light. There are no damaging wavelengths of radiation.

Experts and retinal specialists have recommended that this base line information be administered to individuals age 35 and older to establish any criteria that may affect vision as we become older. Those individuals with a family history of macular degeneration, retinal detachments, glaucoma, retinal abnormalities, corneal dystrophies, and abnormal blurred vision not correctable by glasses. Patients who have had refractive corneal procedures should be monitored for corneal thinning.

The OCT analyzes some diseases such as

Borderline glaucoma	open angle glaucoma	angle closure glaucoma
Corticosteroid	buphthalmos	malignant neoplasms
Hypotony of the eye	foreign body injury	iridocyclitis
Hyphemas	iris atrophy	iris adhesions
Cataracts	keratitis	corneal opacities
Macular degeneration	macular holes	retinal detachments
Vitreous detachment	microaneurysm	hemorrhages

Insurance companies VSP, EyeMed, MES, Medi-Cal, Medicare, and others recognize this testing as tertiary and not necessary to the general eye exam. We feel that a totally complete examination should include all OCT imaging. Normal cost by institutions, hospitals, and specialist would be 160.00. However, we are requesting a nominal fee of **\$39.75** to cover the minimum cost of administration. We feel that patients with no pathology should have the test performed every 2-3 years. Those with diabetes, hypertension, glaucoma, thyroid, and other systemic diseases should consider having the test administered once per year. Those with uncontrolled diabetes and glaucoma should be tested every 6 months.

I wish to have the OCT administered and agree to pay 39.75 cost of test.

I DO NOT WISH to have the OCT administration

Patient:

Date:

Neuro Optometric Rehabilitation

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