## **New Castle Eyecare**

Joseph A. Terravecchia, O.D.

Elizabeth A. Tunall, O.D.

## **Informed Consent for Ocular Health Screening**

Routine eye exams and wellness screenings serve the purpose of identifying ocular health dangers as early as possible, enabling early intervention and more timely treatment. Examples include glaucoma, macular degeneration, diabetic changes, hypertensive changes, tumors, retinal tears, retinal detachments and vitreous floaters. At New Castle Eyecare, we offer state-of-the-art screening and diagnostic tools for our patients. These screenings apply to the well patient only and are recommended as part of your routine annual exam.

Our recommended option and standard for all ages is the drop less Retinal Screening. As many of you know, the Retinal Screening allows us to image and evaluate the internal eye by a process similar to taking a picture. This test is safe and simple, does not cause side effects of blurred vision or light sensitivity and will not impair your ability to drive. \*\* The cost is \$30 and is not covered by routine vision insurance, but we believe it is a small annual price to pay for the most thorough ocular health screening. \*\*

If the Retinal Screening is refused, you also have the option of traditional dilation drops in order for us to view the internal eye. Dilation does cause the side effects of blurred vision and light sensitivity. These side effects can impair one's ability to drive, read or carry out normal daily activities for a few hours.

Please	se check the appropriate line and sign/date below:	
	I consent to the drop less Retinal Screening. ** \$30 MUST BE PAID BEFORE EXAM	<b>/</b> **
	I <u>consent to Dilation drops</u> and refuse Retinal Screening.	
ability	I refuse Retinal Screening and Dilation drops. I understand this severely limits the do to assess the health of the eye.	octor's
Signatu	ture· Date·	