



SCAN / DILATION CONSENT FORM

**KELLY
VISION
CENTER**
(615) 868-2877

3D OCT Maestro Retinal Scanner

- ✓ Provides a digital image of the retina surface for early detection of eye disease
- ✓ Is fast, easy, and has no side-effects
- ✓ May replace the need for dilation
- ✓ Becomes a permanent part of your medical file for future comparisons

Your doctor strongly believes that the 3D OCT Maestro scanner is an essential part of your comprehensive eye exam and recommends it for all patients once per year. In addition to detecting eye conditions, such as macular degeneration and glaucoma, the retinal scanner can also detect other health issues, such as diabetes, heart disease, and some cancers. For patients with vision insurance, **the fee for the 3D OCT Maestro scanner is \$39.00**, in addition to your vision exam copay fee.

Dilation of the Pupil

- ✓ Is a common diagnostic procedure used to better examine the interior of the eye
- ✓ Requires eye drop administration
- ✓ Requires roughly half an hour to take full effect
- ✓ Temporary side effects include light sensitivity and blurred vision, especially at near distances
- ✓ No additional fee

It takes 4-6 hours for your vision to return to normal. During this time, you must exercise caution when walking down steps, driving a vehicle, operating dangerous machinery, or performing other tasks that may present a risk of injury. If you have any special transportation needs, please let us know so that they can be arranged prior to dilation.

NOTE

Dilation and/or an OCT scan is highly recommended by our doctors at Kelly Vision Center to check the health of the eye. A retinal OCT scanner will give us a more detailed image of the retina than dilation; however, when checking for cataracts, dilation is necessary to check the full view of the eye's lenses.

Please check mark all that apply:

- I consent to having a 3D OCT Scan of my eye for \$39*.
- I consent to having my eyes dilated today (at no additional fee) if the doctor believes it is necessary, and I understand the side effects of dilation explained above.
- I prefer to have neither dilation nor an 3D OCT Scan. *In refusing these services, I understand that I am assuming all risks associated with failure to diagnose eye conditions due to a lack of information which may have been provided from a retina scan and/or dilation.

This consent was signed by: _____
(PRINT NAME PLEASE)

Signature: _____ Date: _____

*This applies to patients with vision insurance or paying out of pocket. Patients who choose to use medical insurance will be responsible for covering up to the full cost of the scan depending on their deductible.