Eye Disease Risk Analysis

We take pride in offering advanced eye care technology and our market research tells

us that patients want technology that helps safeguard their eye health. We recommend the two screening tests at your annual eye examination. These tests are not covered by insurance plans because they are preventative in nature, but we keep the price as low as possible. **External Ocular Photography.** Recommended for all patients annually. This is a non-invasive photo-document conditions of the external structure of the eye (e.g., eyelids, lashes, sclera, conjunctiva, and cornea). The fee for this screening is \$39. Digital Retinal Photography. Recommended for all patients annually. This technology combines retinal photography with computerized imaging to allow instant viewing of the retina and optic nerve in great detail. The fee for this screening is \$39. Ocular Coherence Tomography (OCT). Recommended for all patients annually. This technology combines near-infrared scans with computerized imaging to allow instant viewing of the layers of tissue of the retina and optic nerve in great detail. **The** fee for this screening is \$39. Both the doctor and the patient see the images or scans on a computer monitor. This method of examining and documenting the retina promotes early diagnosis of abnormal conditions, which could prevent permanent vision loss. An additional benefit of retinal imaging is that we store the pictures permanently and compare them against any changes in the future. Premium Value. Save \$37 All three images for \$80 _____ Combination Value. Save \$20. Both images for \$58. I do not wish to have any screening tests. **Dry Eye Screening**. People with dry eyes may experience irritated, gritty, scratchy or burning eyes; a feeling of something in their eyes; excess watering; and blurred vision. Advanced dry eyes may damage the front surface of the eye and impair vision. Treatments for dry eyes aim to restore or maintain the normal amount of tears in the eye to minimize dryness and related discomfort and to maintain eye health. The fee for this screening is \$45. Patient initials_____ Date _____ Patient Name: _____