



Casey N. Roland, O.D.
Alexis Spencer, O.D.

Consent for Testing and Dilation

Patient's Name _____

Date _____

At Specs Eye Care, we pride ourselves on investing in new technology to provide the best possible patient care. Our doctors now recommend Optomap® retinal photos on ALL patients and Wellness OCT on all patients over 30. These quick, non-invasive procedures enhance your eye exam and allow your doctor to see a much broader and more detailed view of the retina compared to undilated (and in some cases, dilated) examinations. The scans become a permanent part of your medical file, enabling your doctor to make important comparisons should potential vision threatening conditions present at a future examination. **Dr. Roland and Dr. Spencer strongly believe that the Wellness OCT and Optomap® are essential parts of your comprehensive eye exam and prescribes it for all patients once per year.**

The copay for these scans is \$54 (\$39 for Optomap and \$15 for Wellness OCT). If a medical eye problem exists, your medical insurance will be filed as a courtesy for the testing.

***Without either the Optomap or dilation of the pupils, your eye doctor may be unable to detect some health problems such as glaucoma, cataracts, retinal detachments or tears, diabetes, high blood pressure and some tumors. Our doctors believe a detailed look at the retina is the only way to have a complete and thorough eye examination.**

Please **INITIAL** your choice(s) below:

_____ I prefer to have the Optomap® Retinal Screening Exam and Wellness OCT. *In some instances, the doctor may need to perform a dilated fundus exam in addition to the scans. I understand that there is an **additional copayment for the tests**. In some cases, we may be able to file your **medical insurance** for your photos.

_____ I prefer to have my eyes dilated today. I understand the risks/potential **side effects** of the dilation, including **blurry vision and light sensitivity**. I have a driver with me or will arrange for one at the conclusion of the exam if I feel I am unable to drive safely. A dilated fundus exam is included with the comprehensive eye exam at no additional charge.

Patient's/Guardian's Signature: _____ Date: _____