

## RETINAL PHOTO CONSENT FORM:

Dear Patient:

Our office has a diagnostic instrument that does **Digital Retinal Imaging**: It takes digital photographs of your retina (the back of your eye). These screening photos will allow Dr. Bailey to evaluate the Optic Nerve, Macula, Blood Vessels and Tissues of the back of the eye.

\*Is a Screening Retinal Photography a necessary part of your eye exam? Yes, it assists Dr. Bailey in the early detection of many disorders that affect the eye, most of which do not give you any symptoms. Dr. Bailey would like everyone to do this every year or every other year at the very least in addition to your routine exam.

This procedure is non invasive and will not touch your eye in any way. It's a matter of you looking at a light while the machine takes a picture. Dr. Bailey will review the photos with you during your exam. This allows Dr. Bailey to observe even the smallest change from any previous photos and will allow Dr. Bailey to provide you with a more thorough medical analysis of your eye health.

### **Dr. Bailey strongly advises and recommends this procedure as part of your exam if:**

You are a new patient to this office. (Children able to sit still)

You have never had retinal photos in this office, or it's been a year or two since your last photo.

Takes the place of Dilation, in most cases.

You have or a family history of high cholesterol, elevated blood pressure or any circulatory disorder.

You have or a family history of diabetes or elevated blood sugar.

You have headaches or visual disturbances suggestive of a neurological problem.

You have or a family history of elevated eye pressure, glaucoma or Macular Degeneration.

You have or had any retinal disorder such as detachments, tears, floaters or flashing lights, veil over vision.

Bleeding or macular degeneration.

Your vision is not correctable to 20/20 in one or both eyes or you have Cataracts.

You were told by your previous eye doctor of some changes in the back of your eyes.

### **The charge for this procedure is \$39.00**

\_\_\_\_\_ YES, I want this procedure

\_\_\_\_\_ NO, I do not want this procedure.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Your digital images will be stored in your chart to be compared with images from past or future exams.

**Thank You, Dr. Scott E. Bailey**