

## **Retinal Photography Consent Form**

As part of your comprehensive eye exam, you can choose to have a special procedure that consists of taking a photograph of the back portion of your eye (retina). This advanced technology produces a detailed photographic image of not only the retina, but also its blood supply and the optic nerve which connects your eyes to the brain.

These photos and the new technology become a permanent record of your eye health which enables the Doctor to help detect subtle changes earlier and diagnose possible disease sooner. Any change to your eye health is easier to recognize and if needed can easily be transferred to other health care providers.

Diseases that can be detected with Retinal Photography includes:

Diabetes
Glaucoma
Hypertension
Retinal abnormalities
Cholesterol
Stroke
Cataract

Screening digital retinal photography is not covered by many vision/medical insurance plans. <u>There is a \$39 fee (includes both eyes) for the procedure.</u>

Once photos have been taken the doctor will share the results with you.

\_Yes, I consent to retinal photos, viewing and discussing the findings during my exam.

\_\_No, I Do NOT consent to retinal photos. I understand that there will not be a photographic record of my current internal eye health.