

## EyeScreen Photographic Examination

We at **20/20 Eye Care** are pleased to provide our patients with the option of an advanced digital exam called “EyeScreen”. Eye Screen is a high resolution digital photograph of your retina which will help us document, review, and compare your retina health over time. If you need to provide this information to other Healthcare Providers, this program allows us to do this for you through the internet. We will use the EyeScreen exam to document your retinal image in your chart, screen for eye diseases, and improve our ability to view your internal retinal health with a digital photograph. This will be done at a much higher resolution than the microscopes or ophthalmoscopes presently in use.

Additionally, many symptoms of systemic diseases such as diabetes, the effects of high blood pressure, and other diseases can be detected with the EyeScreen Examination.

### You can expect from this exam:

- An eye wellness EyeScreen photograph you can take with you
- An in depth view of the retinal surface (where most internal eye diseases appear first)
- The ability to review and analyze the images of the interior of your eye
- A permanent record for your medical file, comparisons overtime, and early detection of potential or present areas of concern
- To be quick, easy, and comfortable
- To be administered, much milder dilation drops, which greatly reduces blurry vision and light sensitivity, that normally would last for hours after the eye exam

Since insurance will not pay for the EyeScreen Exam, or any retinal image unless eye disease is present the EyeScreen Examination is an “out of pocket” expense.

Dr Gerig recommends this procedure for all his patients. If you decide to have this EyeScreen Exam, an additional cost of \$25.00 will be added to the basic eye exam you are receiving today

\_\_\_\_\_ **I AGREE** to have my retinal health evaluated with the EyeScreen Exam.

\_\_\_\_\_ **I DO NOT** wish to have the retinal Photographic Exam. I understand that I will still have a thorough eye examination with a slit lamp observation.

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Patient signature

\_\_\_\_\_  
Date