

# Digital Retinal Photography Patient Consent Form

A new, highly sophisticated computerized instrument now allows the doctor to provide a more thorough medical analysis of your eyes. Our doctor recommends this diagnostic screening procedure called Retinal Photography. This procedure is painless and simply involves taking a picture of the back of the eye. These photos can assist the doctor in managing the health of your eyes and helps screen for the early detection of glaucoma, diabetes, macular degeneration, high blood pressure, high cholesterol, cancer, and other retinal diseases. The retinal photos will be a permanent record of your eye exam for documentation and future comparison of eye health and will be saved with your electronic eye exam.

It is especially important if you or a family member have any of the following health conditions:

- ❖ Diabetes
- ❖ Glaucoma
- ❖ Macular degeneration
- ❖ Hypertension or high blood pressure
- ❖ Seeing spots or floaters and flashing lights
- ❖ Cancer
- ❖ High myopia or a very high eyeglass prescription
- ❖ Trauma to the eye

There is an additional out-of-pocket cost that is not covered by the insurance of **\$39** and below. Please check the appropriate box.

Yes, I do wish to have my retinal photos taken.

Email Address: \_\_\_\_\_

*(Please provide us with an email to receive the photos)*

No, I do not wish to have the retinal photos taken at this time.

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Signature

Date