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Retina Angiography plus Photo

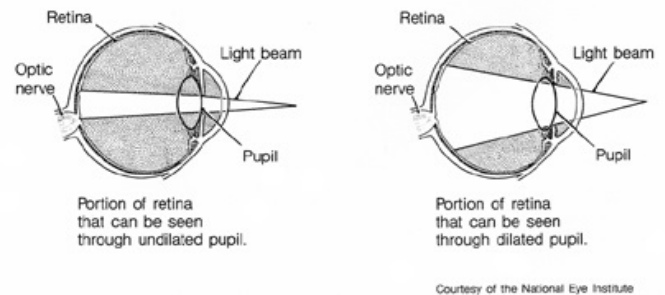
***No pupil dilation required for this image* (sample image on next page -->)**

The retina wellness scan creates an image from the top to the bottom of the retina, imaging blood flow and tissue health much like an MRI. This technology allows for the early detection of abnormalities in the most sensitive area of your eye. We offer scanning laser screening and a retinal photo as a part of your routine eye exam **for a \$50 fee**. This cost is not covered by vision plans. ***The scan is recommended for those over 40, or anyone with a chronic health condition or a history of eye disease or injury.*** IF YOU ARE DIABETIC, THIS SCAN MAY BE COVERED BY YOUR MEDICAL INSURANCE. LET THE STAFF KNOW IF YOU ARE DIABETIC AND MEDICALLY INSURED.

- YES, I would like to add scanning laser/retina photo to my eye exam today for \$50.00
- NO, I would not like scanning laser screening today

PUPIL DILATION CONSENT

Dilation may be recommended by the doctor to allow a better view of the inside of your eye. Patients with **flashes of light, new floaters, Diabetes, High blood pressure, or Heart disease** should have their eyes dilated. Patients with **Eyeglass prescriptions higher than -5.00D** are at greater risk for retinal tears or detachments and should be dilated more often.



Dilation is recommended if you have never had it done, or you are over 50 and it has been more than 1-2 years since your last dilation.

Dilation adds about 30 minutes to your exam time today. Dilating eyedrops relax the eye muscles and make the pupil of the eye quite large for 3-5 hours. **After dilation, your reading vision will be blurry, and you will be bothered by lights for 3-5 hours.** We will provide disposable sunglasses for your recovery from the drops. Although far away vision should be acceptable with glasses on, you may be more comfortable having someone else drive you home after dilation.

If you already suffer from extreme light sensitivity, a history of migraine headaches triggered by bright light, or a history of allergy type reactions to numbing agents (like novocaine at the dentist's office), please list those conditions on the health history form and discuss any concerns you have with the doctor.

- YES, I WOULD LIKE TO BE DILATED. I understand the effects may last 3-5 hours.
- YES, I WOULD LIKE TO BE DILATED A DIFFERENT DAY
- NO, I DO NOT WANT TO BE DILATED.

For walk-in, same day appointed, or late arrival patients, we may have to dilate you a different day.

X _____ Date _____
 Patient (parent/guardian, if patient is under 18) signature