



DIGITAL RETINAL IMAGE SCREENING

Just as many other health professionals use MRI's, mammograms or X-rays to aid in diagnosing health conditions, our office provides an advanced level of quality care called Digital Retinal Imaging (DRI). The imaging is quick, easy and comfortable and allows a highly detailed view of the inner lining of the eye.

Because there are no nerve endings at the back of the eye that sense changes or pain, unwanted conditions may arise at any time which are totally undetected by you. We highly recommend retinal imaging for every patient and yearly imaging thereafter for further evaluation. Retinal Imaging is also strongly recommend for patients with a personal or family history of *high blood pressure, diabetes, macular degeneration, glaucoma, retinal holes, or detachments.*

The benefits:

- An enhanced, high resolution digital image of the blood vessels and the inner lining of the eye.
- The images become part of your permanent medical record allowing us to compare, monitor, and detect any subtle changes that may occur in the future.
- Facilitates the early diagnosis of many health conditions including high blood pressure, macular degeneration, glaucoma and diabetic eye changes.
- Safeguards the health of specific structures of your eye such as the retina, optic nerve, macula, and blood vessels.

Most insurances and vision plans do not yet cover retinal imaging. The fee for the Digital Retinal Image screening is only \$39.

Please Note: If the retinal imaging shows a problem or a potential problem, the photography is often covered by your major medical insurance. It will be billed for the full amount as fundus photography and no longer as a screening test. Some insurances cover it in full, some as co-insurance or co-pays, and others will apply it towards your deductible. You will not be charged if we bill for the full amount to your major medical insurance. You will only be responsible for applicable co-pays, co-insurance and deductibles.

I accept: I decline: I would like to consult with the Practitioner before deciding:

Patient/Guardian Signature _____ Date: _____

Patient Name: _____ Patient Date of Birth: _____