

Dilation/Optomap® Consent Form



As part of a comprehensive eye examination, it is recommended that **ALL** patients have the internal health of their eyes thoroughly evaluated every year. This is performed as either a **dilated** retinal examination and/or with the **Optomap® Retinal Imaging**.

At Happy Valley Vision Source we pride ourselves on providing our patients with the highest standard of care. Because of this, we now perform the **Optomap® Retinal Imaging** on **ALL** patients.

THERE IS AN ADDITIONAL \$39 FEE* FOR THE OPTOMAP® RETINAL IMAGING WHICH IS NOT COVERED BY INSURANCE. This fee will only be charged if you and your doctor decide to download and evaluate the images.

Your doctor believes that the Optomap® is essential in detecting eye diseases including glaucoma, macular degeneration, retinal detachment, and diabetic retinopathy, as well as risk for conditions such as hypertension, diabetes, cancer, and stroke. The added benefit of the doctor being able to view last year’s image and this year’s image side-by-side for comparison is an invaluable tool in providing comprehensive eye care. Without the Optomap® and/or dilated examination, the doctor will only be able to see approximately 30% of the internal part of the eye.

Optomap® Retinal Image	Dilation
No eye drops required	Eye drops required
No blurred vision	Blurred vision for 4-6 hours
No light sensitivity	Light sensitivity for 4-6 hours
Takes 2 minutes to capture images	Takes 25-30 minutes for drops to take effect
~80% of retina viewed	~90-100% of retina viewed
Retinal images will be viewed by you and the doctor, and saved to your permanent medical file for year-to-year comparison	Only the doctor can view the retina

*Many patients who choose to have the **Optomap®** will not require pupil dilation, however your doctor will determine if dilation is necessary based on your specific conditions or concerns. Some patients with specific conditions will require a higher fee level **Medical Optomap®** retinal image that may be partially or fully covered through your medical insurance.

PLEASE CHOOSE ONE OF THE FOLLOWING:

- I would like the **NO DROPS OPTOMAP® RETINAL IMAGING**. *Doctor recommended. (\$39 fee)*
- I would like the **DILATION DROPS**. I understand that driving is NOT recommended after this procedure for 4-6 hours. I will bring a driver. I accept full responsibility for any activities I perform after dilation.
- I **DO NOT WANT the dilation drops or the Optomap® Retinal Imaging**. I understand the potential for irreversible vision loss due to undetected eye diseases. I release Happy Valley Vision Source and its doctors from all liability resulting from failure to diagnose or treat any eye conditions due to lack of diagnostic information which could have been obtained by performing these tests.

Patient/Guardian Signature _____ Date: _____

Patient Name: _____