

PRECISION EYE CLINIC
3450 FM 1960 RD W, HOUSTON, TX 77068

An **EYESCREEN** is an advanced digital retinal exam that captures a high-resolution photograph of your retina which will help us document, review, and compare the health of the retina over time. We will use the EyeScreen to screen for eye diseases and provide an in-depth view of the retina. We are concerned about retinal problems such as macular degeneration, glaucoma, retinal holes, detachments, and diabetic retinopathy (all of which can lead to partial loss of vision or blindness). Additionally, many symptoms of systemic diseases such as diabetes and the effects of high blood pressure can be detected with the EyeScreen Examination.

A **DILATED FUNDUS EXAM** enables the doctor to provide a more thorough ocular health analysis. With the dilated pupils, the doctor gets a better view inside the eyes that allows for early detection of ocular pathologies. A Dilated Fundus Exam is extremely essential for individuals with diabetes, hypertension, high myopes and/or any history of other related ocular diseases. The side effects are blurred near vision and light sensitivity. In some individuals, the distance may also be blurred.

A **VISUAL FIELD ANALYZER** is a highly computerized instrument that provides the doctor a more thorough analysis of your field of vision. Visual Field Screening can assist in early detection of glaucoma, retinal pathologies, and some neurological diseases.

WE ARE COMMITTED TO EARLY DETECTION AND PREVENTION OF EYE DISEASES. WE STRONGLY RECOMMEND THAT ALL OF OUR PATIENTS RECEIVE BOTH TESTS AS PART OF THEIR COMPREHENSIVE VISUAL ANALYSIS.

****YOUR MAJOR MEDICAL INSURANCE MAY COVER THESE ADDITIONAL TESTS. PLEASE INQUIRE DETAILS WITH RECEPTIONIST IN REGARDS TO BENEFIT COVERAGE****

_____ **YES**, I do want the EyeScreen and the Visual Field Screening (\$30.00)

_____ **YES**, I do want the Dilated Fundus Exam and the Visual Field Screening (\$30.00)

_____ **YES**, I do want the most comprehensive evaluation that includes EyeScreen, Dilated Fundus Exam and the Visual Field Screening (\$55.00)

_____ **NO**, I do not want the Eyescreen, Dilated Fundus Exam or the Visual Field Screening

I understand that without these tests certain eye disease and conditions may not be discovered. I agree to assume all risks associated with refusing these tests, indemnify, hold harmless, and release Precision Eye Clinic, its employees and optometrists, from any claims or liability whatsoever related to failure to diagnose and/or treat any eye condition due to lack of diagnostic information which could have been obtained by these tests.

ALL FEES PAID FOR PROFESSIONAL SERVICES ARE NON-REFUNDABLE AND PAYABLE AT THE TIME OF SERVICE.

Signature _____ Date _____

