



### **Optional Medical Testing Waiver**

Our doctors are concerned about retinal diseases such as macular degeneration, glaucoma, retinal detachments, and diabetic retinopathy; all which can lead to partial loss of vision or blindness. Additionally, systemic diseases such as diabetes and high blood pressure can be detected with a retinal examination. Eye exams with retinal evaluations can help you safeguard both your eyesight and general health.

1. Using **Hi-Res Retinal Photography**, our doctors can track your eye health for concerns, comparison, and treatments. If elected, there is a **\$39.00 copay** for this procedure. (Please advise staff if you have a history of epilepsy.)

CHOOSE ONE:

- \_\_\_\_\_ **YES**, I elect to have a Hi-Res Retinal Photograph of my retina.
- \_\_\_\_\_ **NO, I DECLINE** the Hi-Res Retinal Photograph and dilation.
- \_\_\_\_\_ **NO, I DECLINE PHOTOS and am instead choosing to be dilated today.**  
I understand that my vision will be slightly blurry after dilation and light sensitive for 4-6 hours.

The Visual Field Screening measures the retina's sensitivity to light in specific conditions. Abnormal Results on this test can help your doctor determine if you are at risk for the following conditions: Glaucoma, Brain Tumors, Multiple Sclerosis, Diabetic Retinopathy, Hypertensive Retinopathy, Retinal Detachments and other medical conditions.

2. With an annual **Visual Field Screening**, our doctors can track your eye health for concerns, comparison, and treatments. Unfortunately, insurance does not pay for routine Visual Field screening test, if elected there is a **\$25.00 copay** for this procedure.

CHOOSE ONE:

- \_\_\_\_\_ **YES**, I elect to have the Visual Field screening.
- \_\_\_\_\_ **NO, I DECLINE** the Visual Field screening.

I understand that the potential for partial or total vision loss may exist due to undetected eye disease.

I therefore release Sun Valley Eye Care from any liability resulting from failure to diagnose or treat any eye condition due to the lack of diagnostic information, which could have been obtained by performing these tests.

Signature: \_\_\_\_\_  
Patient / Parent or guardian if patient is a minor

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_