



## ESSENTIAL TESTING

At Sun Valley Eye Care, our doctors perform Comprehensive Eye Exams. In addition to a vision screening to provide you with a prescription for corrective lenses, this exam includes several tests to evaluate your vision, eye health, and screen for health conditions such as diabetes and high cholesterol. With our enhanced testing ability, we can provide the best quality and most comfortable exam.

### RETINAL SCREENING

Our doctors are concerned about retinal diseases such as macular degeneration, glaucoma, retinal detachments, and diabetic retinopathy; all of 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.

Using **Hi-Res Retinal Photography**, our doctors can track your eye health for concerns, comparison, and treatments. Most insurance plans only cover dilation, not retinal photographs, so we offer them for a fee of only **\$39.00**.

**YES**, I elect to have a Hi-Res Retinal Photograph of my retina today.

**NO, I DECLINE** the Hi-Res Retinal Photograph 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.

**NO, I DECLINE PHOTOS AND DILATION** today and instead would like to **schedule a follow-up visit** to have my eyes dilated. I understand that there will be a **\$50.00** fee for the follow-up visit that is not covered by my insurance plan.

### VISUAL FIELD SCREENING

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.

With an annual **Visual Field Screening**, our doctors can track your eye health for concerns, comparison, and treatments. Most insurance plans do not cover this screening, so we offer it for a fee of only **\$25.00**.

**YES**, I elect to have the Visual Field screening.

**NO, I DECLINE** the Visual Field screening.

### LIABILITY RELEASE

**I understand that the potential for partial or total vision loss may result from undetected eye disease.**

I therefore release Sun Valley Eye Care from any liability resulting from failure to detect 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: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Birthday: \_\_\_\_\_