

Name _____ Date _____

Optomap will likely be an important part of your eye exam today. It is a quick and efficient way of monitoring your eye health for early signs of disease before you notice any symptoms. Many patients will be ***able to bypass routine dilation*** by doing this. This Optomap is a digital photo of your retina (back of eye) that the doctors keep to compare and track changes in the future. More information is available by request. The ***cost of this service is \$18.00*** and ***not covered by insurance***.

If you wish to have this service performed as part of your exam please check **YES[]** or **NO[]**

****Note:** Some patients will still need dilation and/or extra medical testing; your eye doctor will discuss this with you. **Signature** _____