

# Sloan Optometry

## *Optomap Retinal Imaging Technology*

Sloan Optometry is pleased to offer you and your family the most highly advanced technology available in eye disease detection, the *Optomap Retinal Imaging Technology*.

Dr. Sloan is concerned about the 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.

The *Optomap Retinal Imaging* procedure is painless and only takes a quarter of a second. In most cases the *Optomap* procedure eliminates the need to be dilated. It allows us to thoroughly evaluate your internal eye health with dramatically improved precision that includes a depth in the retina not seen with regular dilation. Dr. Sloan strongly recommends that all patients have this procedure performed annually. It is especially important for people who have or have a family history of having:

- Headaches
- Diabetes
- Cancer
- High Blood Pressure
- High Cholesterol
- Glaucoma, Macular Degeneration and/or Retinal Detachments
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With an annual *Optomap*, your doctor can track your eye health for concerns, comparison and treatments. Because Medical and Vision insurances do not pay for routine photos, there is a \$39.00 charge for the procedure.

\_\_\_\_\_ I ELECT to have the *Optomap Retinal Image* of my retina

\_\_\_\_\_ I DECLINE the *Optomap Retinal Imaging* and am choosing to be dilated

\_\_\_\_\_ I DECLINE both the *Optomap Retinal Imaging* and dilation.

I understand that the potential for partial loss or total loss of vision may exist due to undetected eye disease. I therefore release Sloan Optometry from all liability resulting from failure to diagnose or treat any eye condition due to lack of diagnostic information, which could have been performed by obtaining this test.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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