

## Optomap® Retinal Exam

Complete eye examinations are vital to maintaining your vision and overall health. Pupil dilation is an essential component of a comprehensive exam and has served as the standard of care for many decades. At Vision Source we place high priority on pupil dilation for new patients and those with conditions such as diabetes and macular degeneration, and others. It is also essential for patients reporting symptoms consistent with retinal holes, tears, or detachments such as recent onset of new flashes and/or floaters, or changes in visual field.

Additionally, our doctors highly recommend the **Optomap® Retinal Imaging** as an important part of your exam because it can produce an ultra-widefield view of the back of your eye, just as unique to you as a fingerprint. The image helps to evaluate the structures within the eye and provide information regarding general health. Many ocular and vision problems can develop without immediately affecting your sight. Additionally, other systemic conditions such can affect the health of your eye without you noticing a change in vision until it is too late. Such conditions can often be detected with dilation, imaging, or both.

**Optomap® Retinal Imaging** is an optional procedure that provides the following benefits:

- A permanent record to track changes over time
- An in-depth view of most of the retina and other internal ocular structures
- Fast, easy and comfortable for all ages. Images are captured by the device one-eye-at-a-time with a brief flash of light.

If you have previously had your eyes dilated in this office, it may allow you to forego the procedure today. Pupil dilation may also be necessary at some visits, depending on systemic and ocular conditions. The **Optomap®** image may also reveal pathology that will require the doctor to perform pupil dilation today, which – when coupled with the imaging – will provide an excellent evaluation of your ocular health.

Optomap Cost:

Adults (ages 16 & up) \$35

Children (ages 15 & under) \$25

\_\_\_ Yes, I would like the Optomap.

\_\_\_ No, not at this time.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_