

WELCOME BACK TO OUR OFFICE

Name: _____ **Date:** _____

**Do you participate in a flexible spending or health savings account? Y N

Changes: *If you have had any changes in personal information, address, phone number, e-mail, vision or medical insurance or medications, please inform our front desk staff. Thank you.*

Occupation: _____ **Hobbies:** _____

Which language do you speak in your home? _____

Major Purpose of Visit: _____

Problems with present glasses or contact lenses? _____

Do You...

...have color vision deficiency (color blindness)	Y	N	N/A
...work at a computer for long periods? (4 hrs or more)	Y	N	N/A
...have more than one pair of glasses?	Y	N	N/A
...spend a lot of time outdoors? (4 hrs or more)	Y	N	N/A
...have sunglasses that block 100% UVA and B rays?	Y	N	N/A
...have problems with glare or reflection, particularly when driving at night?	Y	N	N/A
...ever experience spots or 'floaters' in your vision?	Y	N	N/A
...have difficulty with your bifocals or progressive lenses?	Y	N	N/A
...have a recent increase in headaches?	Y	N	N/A
...have any interest in contact lenses?	Y	N	N/A
...have any interest in <u>CRT (Ortho-K) lenses?</u>	Y	N	N/A
...have any interest in <u>Laser Vision Correction</u> for you? Or someone else?	Y	N	N/A
...suffer from dry eyes?	Y	N	N/A
...suffer from eye fatigue or eye strain?	Y	N	N/A
...suffer from eye allergies? (Even Seasonally)	Y	N	N/A

CONTACT LENS FEES

Contact lens fitting and follow up services are not an included part of an eye health evaluation. Fees are customized according to the complexity of the case and the predicted time necessary to care for the individual patient. The fit and follow-up fee includes but is not limited to: a corneal topography, evaluation of the health and shape of your cornea, fitting of specific contacts to your cornea, trial contact lenses and contact lens re-checks. If you are a brand-new contact lens wearer, the fee will also include an insertion and removal training. Fees for contact lens fit and follow up services usually range between \$95.00 and \$155.00. Specialty contact lenses such as Ortho-K, sclerals, multifocals, Gas perm, etc. may be a higher fitting rate. My initials verify I understand the contact lens fees.

Initials: _____



To provide the best vision care our office has incorporated the iWellness Exam SD-OCT and the OPTOMAP ultra-wide digital retinal imaging as part of our office technology. iWellness and OPTOMAP are fast, easy and comfortable. They can detect signs of diseases such as macular degeneration, diabetic retinopathy, glaucoma, retinal tears or detachments and much more.

The iWellness Exam SD-OCT is a CT scan without radiation of the macula area of the retina and allows the doctor to view the layers of your macula, picking up pathologies that cannot be seen via dilation. It is a sight-saving technology that is now used throughout the United States. The OPTOMAP Retinal Exam takes an ultra-wide digital image of the back of your eye and can take the place of dilation. These two tests become a part of your permanent patient record and are compared annually for changes.

Your insurance may or may not cover all or a portion of these advanced screening tools. Dr. Johnson and Dr. Duong strongly recommend that ALL patients have an annual OPTOMAP and iWellness. The fee for each test is \$40. If you opt to have both tests done, the bundled fee is only \$65.

If you have a known medical pathology, such as glaucoma or macular degeneration, the doctor may choose to perform the medical version of either the Optomap or iWellness, which is a more detailed test and includes interpretation and report by the doctor. These tests are a higher fee because of the added components and will be billed to your medical insurance whenever possible.

If you decline the iWellness and OPTOMAP today, the doctor strongly recommends having your eyes dilated. The effects of dilation will last between 3-4 hours in most cases and will cause some degree of light sensitivity (photophobia) and blurred vision. You will be able to drive with sunglasses as before and should use caution when performing strenuous visual tasks. There is no additional charge for dilation.

I elect to have:

___ OPTOMAP

___ iWellness

___ My eyes dilated

I decline against the doctor's recommendation:

___ OPTOMAP

___ iWellness

___ To have my eyes dilated

Patient/Guardian Signature

Date