The Optometric Center & Eyewear Galleria
2551 San Ramon Valley Blvd. Suite 101
San Ramon, CA 94583

WELCOME TO OUR OFFICE Last Eye Exam: _____

Name: _____ Date of Birth: __/__/___ Sex: M/F SSN#: _____

Legal Name (if different from above): _____ Which language is spoken in your home? _____

Address: _____ City: _____ State: _____ Zip Code: _____

Hm Phone: _____ Wk Phone: _____ Cell Phone: _____ Email: _____

How do you prefer to be contacted? ☐ phone ☐ email ☐ both

Occupation: _____ Hobbies: _____

Physician: _____ Phone: _____ Spouse/Parent Name: _____ Wk Phone: _____

Whom may we contact in the case of an emergency? _____ Phone: _____
_____ **(Relationship to patient)**

How did you hear about us? Friend / Relative name: _____ Our Website: ____ Yelp: ____
Google: ____ Another Dr. _____ Ins Co: ____ Location ____ Other: _____

I will be paying today by Cash: ____ Check: ____ Credit Card: ____ Care Credit: ____ FSA/ HSA: ____

Vision Insurance: _____ Primary Subscriber's Name: _____

Do you participate in a flexible spending or health savings account? Y ☐ N ☐
Have you had Lasik or PRK? Y ☐ N ☐ Year_____

***PRIMARY MEDICAL INSURANCE*:**
Insurance Name: _____

Group Name: _____ Group #: _____ Subscribers Date of Birth: _____

Primary Subscriber's Name: _____ Member ID #: _____

***SECONDARY MEDICAL INSURANCE*:**
Insurance Name: _____

Group Name: _____ Group #: _____ Subscriber's Date of Birth: _____

Primary Subscriber's Name: _____ Member ID #: _____

Do You:

…Have a known color deficiency (Color Blindness)? ☐ **Y** ☐ **N Type** _____
… Work at a computer? ☐ **Y** ☐ **N**
… Have more than one pair of glasses? ☐ **Y** ☐ **N**
…Have 100% UVA/B Blocking in your sunglasses? ☐ **Y** ☐ **N**
…Ever see spots or 'floaters' in your vision? ☐ **Y** ☐ **N**
…Have problems with glare or reflection? ☐ **Y** ☐ **N**
…Always like to wear your glasses? ☐ **Y** ☐ **N**
…Want info on Laser Vision Correction? ☐ **Y** ☐ **N**
For you or someone else? _____
…Want to wear contact lenses? ☐ **Y** ☐ **N**
…Wear contact lenses now? ☐ **Y** ☐ **N**
Brand : _____ **Power: RT** _____ **LT** _____ **Solution used:** _____
...Have any interest in CRT (Ortho-K) lenses? ☐ **Y** ☐ **N**
...Take a multi-vitamin? ☐ **Y** ☐ **N Brand** _____
...Take an ocular vitamin? ☐ **Y** ☐ **N Brand** _____

optomap®
ultra-wide digital retinal imaging

iWellness Exam
Powered by optovue

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:	I decline against the doctor's recommendation:
☐ OPTOMAP ****Addit. Fee**	☐ OPTOMAP
☐ iWellness ****Addit. Fee**	☐ iWellness
☐ My eyes dilated **** NO Addit. Fee**	☐ To have my eyes dilated

_____ _____

Patient/Guardian Signature Date

*****Your signature above indicates that you have read all of the above information, you acknowledge the additional fees and you agree to pay them at the time of service. *****