

Patient Contact Information

Patient Email address _____

In case of emergency: Contact person _____ Phone _____

Whom may we thank for referring you to our office today? _____

Notice of Privacy Practices

We are required by federal and state laws to maintain the privacy of your health information. However, we may disclose your information to carry our treatment, payment, and healthcare operations. By signing below, I acknowledge that I have received/read the Notice of Privacy Practices and authorize the release of my health information required by the laws under the conditions described in the Notice of Privacy Practices.

Visual Field Consent Form

Visual Fields Testing is highly recommended by your Eye Doctor. This screening test is done to assist the Doctor in detecting various conditions such as glaucoma, retinal detachments, tumors, and the causes of headaches.

There is an additional **\$12.00** cost associated with this screening test and is not usually covered by most insurance plans. Would you like to have the visual fields screening test done today?

Yes

No

Not Sure

Retinal Photography

Fundus Photos are part of a wellness program to help detect eye diseases. These photos are not meant to be done instead of dilating the eyes. The two tests are meant to complement one another. The photos can document, record and assist in the early detection of optic nerve diseases, like glaucoma and retinal conditions, such as macular degeneration, diabetic retinopathy, retinal holes or detachments and suspicious lesions. It is completely optional. This test is highly recommended for all patients.

There is an additional **\$35.00** cost associated with the fundus photos and is not usually covered by most insurance plans. Would you like to have Fundus Photos done today?

Yes

No

Not Sure

Signature

Date