



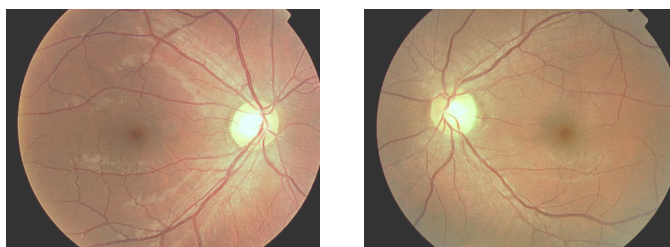
# Sample Patient Consent Form

(Insert Office Logo and Information)

As part of your eye exam, we at (office or Dr.'s name) recommend a special diagnostic procedure called Retinal Photos. This procedure consists of taking a photograph of the back part (retina) of your eye. This is not an X-ray or an ultrasound procedure, and nothing will touch your eye. We are simply taking a picture.

This permanent record is very valuable in assessing the health of your eye presently, and safeguarding the health of your retina, optic nerve, macula, and blood vessels. It will also serve an initial point with which to compare as we follow your health in subsequent years.

The fee for this additional part of your eye exam is \$ \_\_\_\_\_. Depending on your diagnosis, this test may not be covered under your medical insurance, or Medicare. Retinal photos are also not covered under most vision plans. This office will advise you of your coverage, and you may be required to submit a receipt for reimbursement from your insurance provider.



\_\_\_\_\_ Yes, I want to have retinal photos taken of my eye for documentation.

\_\_\_\_\_ No, I do not wish to have retinal photos taken.

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

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

This consent form is offered by Cal Coast Ophthalmic Instruments as a suggestion as to how the practice might offer retinal screening as a service to your patients.