

CONSENT FOR WELLNESS SCREENING

We offer additional detailed screenings to complement our comprehensive eye exam. You may select to have one, two, or all three of the tests in addition to the eye exam. These tests aid in the early detection of many eye diseases such as:

- Glaucoma
- Macular degeneration
- Retinal disease
- Eye/Brain tumors
- Eye damage caused by diabetes, stroke, high blood pressure and other systemic conditions

If you have a personal or family history consistent with any of these conditions, or take high risk medications such as plaquenil, it may be necessary to perform more in-depth testing or eye imaging studies beyond a screening. You may review this with the doctor before proceeding with the testing. Please advise a Modern Optometry team member if you have been diagnosed with any of the above conditions.

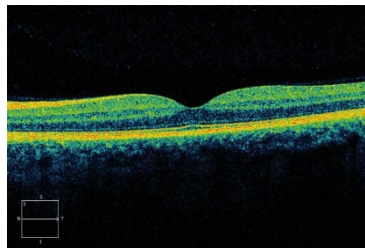
Retina Photos (\$39): This test provides the doctor with a full image of the central retina and structures (optic nerve, macula, blood vessels). These images may help to detect undiagnosed eye disease. Having a baseline reference image allows your doctor to more accurately identify changes in your eye structures and treat diseases at an earlier stage.

Visual Field Screening (\$29): We highly recommend this test which is a computerized instrument that maps the range of peripheral (side) vision. Many diseases revealed by a visual field are undetectable in an eye examination and may only be diagnosed with a visual field.

Wellness OCT (\$39): This is a quick, non-invasive scan that allows our doctors to see beneath the surface of your retina. Visual diseases often have no outward signs or symptoms in early stages. This unique technology helps detect vision threatening and systemic diseases in very early stages, when they are most treatable, and impossible to detect by any other means.

Please mark your preference below, sign and date

- Retina Photos, Visual Field Screening, Wellness OCT (\$99):** Yes, I want all 3 tests
- Retina Photos (\$39):** Yes, I want Retina Photos
- Visual Field Screening (\$29):** Yes, I want Visual Field Screening
- Wellness OCT (\$39):** Yes, I want Wellness OCT
- Decline:** No, I do not want Retina Photos, Visual Field Screening, Wellness OCT



Patient/Guardian Signature

Date