

# Optometric Associates, P.C.

Dr. Ronald Medwick ■ Dr. Katina Simmons

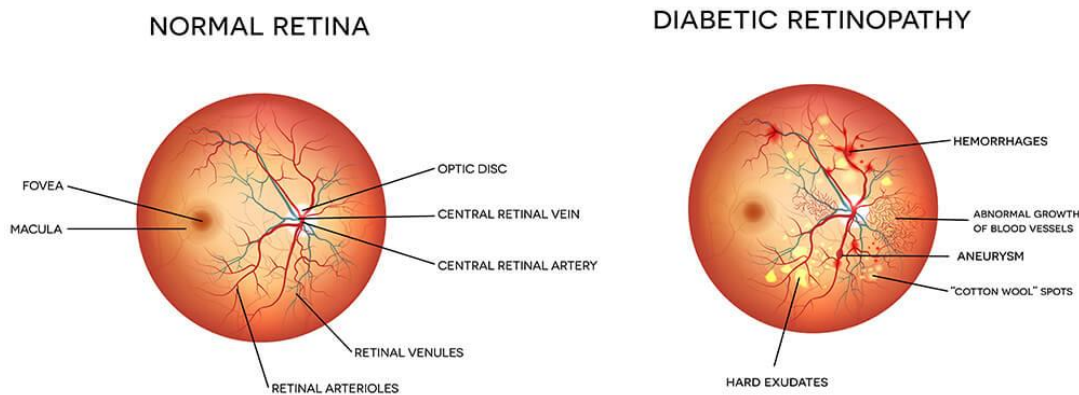
## Retinal Photography Consent Form

As a part of your yearly eye examination, the doctor may recommend a special diagnostic procedure called Retinal Photography. In this procedure, a Retinal Camera is used to take a photo of the back of the eye. This procedure tests for retinal diseases, tears, and glaucoma. In some cases, these images can detect diabetic eye changes, macular degeneration and also high blood pressure changes.

If the doctors determine a Retinal Photo is medically necessary, we will bill the photo to your medical insurance. The fee for this additional part of your eye examination is **\$90**. Retinal Photography is not covered under any vision plans such as VSP, EyeMed, Spectera or Davis Vision.

By consenting to having Retinal Photography done, you are agreeing to have this as medical documentation in your records and to forward to any other doctor for their records.

By **NOT** consenting to having Retinal Photography done, you will be going against the medical advice of your doctor of which Optometric Associates, P.C., Dr. Ronald Medwick and Dr. Katina Simmons are not liable.



\_\_\_\_ Yes, I agree to have the retinal photos for my record if medically necessary by the doctor. Optometric Associates, P.C. may then bill my medical insurance carrier for these photos.

\_\_\_\_ No, I do not agree to have retinal photos taken and I understand this is against medical advice.

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

Patient Name (or guardian if under 18): \_\_\_\_\_