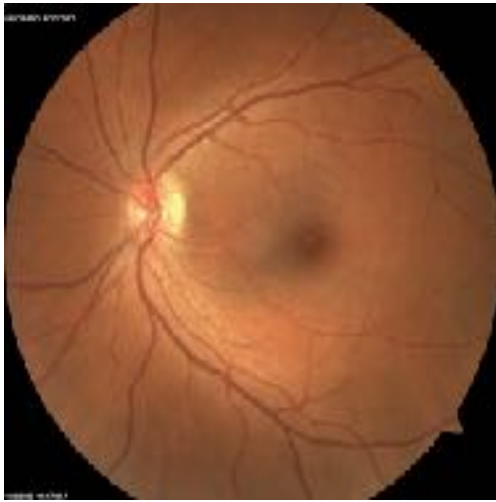


Wellness Retinal Imaging Consent Form



HEALTHY EYE



DISEASED EYE

As part of your eye exam Dr. Fraser recommends a special diagnostic procedure called Wellness Retinal Imaging. This procedure consists of capturing an image of the back part (retina) of your eye. This is not an x-ray or ultrasound procedure; and nothing will touch your eye. We are simply taking a digital photo.

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

The fee for this part of the eye exam is \$20.00. Depending on your diagnosis, this test will not be covered under your medical insurance or Medicare. Retinal images are also not covered under most vision plans. This office will advise you of your coverage. 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: _____