



Advanced Family Vision

OPTOMETRY

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The doctors and staff of Advanced Family Vision Optometry are fully committed to you and your family's total eye health and vision wellness. Our patients' eye care needs are our highest priority. We believe that the most effect way to ensure the complete health of your eyes is to perform a comprehensive eye examination every year. These exams, along with the following HIGHLY RECOMMENDED tests, not only reveal the current condition of your eyes, but also allow for the early detection and diagnosis of many common ocular diseases before they become problems. Please consider these tests as they are important for patients of all ages.

DILATION OF THE EYES

(This procedure is covered by all insurance programs)

Dilation involves administering a drop of medicine onto the surface of each eye which causes the pupil, or the black circle in your eye, to enlarge or widen. This allows the doctor to use a special lens to further examine the entire inside of your eyes, looking for any abnormalities or ocular diseases such as glaucoma, cataracts, diabetes, high blood pressure, high cholesterol, retinal detachments or tumors, as well as many others. As can be the case with diabetes or high blood pressure, many of these conditions often present initially in the back of the eye before they are detected elsewhere. Side effects of the drops include light sensitivity and blurry vision within arm's length for approximately 4-6 hours. In most cases, dilation does not affect your distance vision or your ability to see clearly while driving. Dilation is highly recommended every year by the American Optometric Association and by the doctors at Advanced Family Vision Optometry.

Please indicate whether or not you wish to have this procedure done and sign and date the appropriate spaces:

- YES - I wish to have my eyes dilated today for an ADDITIONAL FEE OF \$15.00.
- NO - I fully understand the importance of dilation, but I choose NOT to be dilated at this time.

Signature (parent/guardian) _____
Date

RETINAL PHOTOS

(This procedure may not be covered by insurance programs)

Retinal Photos involve taking a color photograph of the inside of your eyes. The photos will document the internal health of your eyes and allow for accurate yearly comparisons. This test must be done every year since the health of the eye can change at any age and many times with little or no symptoms. The doctor will be using the photographs in the same manner as a dentist uses x-rays.

Please indicate whether or not you wish to have this procedure done and sign and date the appropriate spaces:

- YES - I wish to have my retinal photos taken today for an ADDITIONAL FEE OF \$15.00.
- NO - I fully understand the importance of retinal photos, but I choose NOT to have them taken at this time.

Signature (parent/guardian) _____
Date

HIPAA (Health Insurance Portability and Accountability Act of 1996)

This office is also committed to protecting your personal information and adheres to all Federal Privacy Guidelines. Please understand that the personal information we collect from you today will only be used in the process of your medical treatment, communication with your insurance company, and/or during the collection of payment for your care. The HIPAA policies are available in the office and you may request to have your own copy.

Please sign below once you have read and understand the included "NOTICE OF PRIVACY PRACTICES", indicating you are aware that this office complies with all HIPAA Privacy Guidelines.

Signature (parent/guardian) _____
Date