



### Diagnostic Procedure Choices

**Please initial in the box** If you would like Dr. Brooks to choose what she feels is best to evaluate the health of your eyes. Our staff will start with a retinal scan. Dr. Brooks may need to place diagnostic eye drops in your eyes. **\*\*However, if you have had a reaction in the past to the eye drops or would prefer to opt out of the retinal scan copay, please read the options below and initial. \*\*Our office charge for a retinal scan is \$30 for adults and \$20 for children ages 18 and under.**

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If you did not initial in the option above, please initial the following options. If you'd rather opt out of all diagnostic procedures, please initial in the "NO" box for both options:

A **Dilation Eye Drop** to visualize the internal health of your eyes to screen for retinal disease, such as macular degeneration, glaucoma and more. This eye drop results in blurry near vision and light sensitivity for approximately 6 hours. This should not affect your ability to drive, but please exercise caution while on the road. **\*\*Insurance covers this procedure at no charge.**    Yes     No

A **Retinal Scan**, as a method of screening for eye diseases. There are no side effects from this procedure. **\*\* This procedure may not be fully covered by insurance. Our office charge for a retinal scan is \$30 for adults and \$20 for children ages 18 and under.**    Yes     No

### Communication

Our office will communicate with you via email. If you would prefer to set up a password protected secure portal, please ask our receptionist for more information.

*\*Please allow up to 72 hours to transmit a prescription via email, U.S. mail, or in person.*

### Requested Services:

- Eye Examination with Glasses Prescription Renewal
- Eye Examination and Contact Lens Fitting with Glasses and Contact Lens Prescription Renewal
- Medical Concern / Office Visit / Consultation

Please be advised, if you are using insurance coverage for today's visit, this is a contract between you and your insurance company. You are responsible for inquiring regarding your insurance coverage. If your insurance company has not reimbursed our office in full within 90 days, you are responsible for payment of usual and customary charges. If either party brings an action to enforce their rights under this agreement, the prevailing party may recover its expenses (including reasonable attorney's fees) incurred in connection with the action and any appeal from the losing party.

Our office seeks to keep your personal health information confidential according to HIPAA guidelines.

Name: \_\_\_\_\_

*(Please Print)*

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