

CONSENT FOR WELLNESS SCREENING

The UHC Vision Clinic offers additional, more detailed screenings to complement our comprehensive ocular evaluations. You may select to have one, multiple or all of the tests below in addition to the regular eye exam. These tests aid in early detection of many eye diseases such as:

- Glaucoma
- Macular eye diseases
- Retinal diseases
- Eye/Brain tumors
- Eye damage caused by diabetes, strokes, high blood pressure and other systemic conditions

If you have a personal or family history or any physical examination findings consistent with any of 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. You may review this with your Physician before proceeding with this testing. Please advise an Optometric Technician if any of these apply to you.

Visual Field Screening (\$25): This is a computerized instrument that maps the **range** of peripheral (side) vision. This test measures how well the structures of the eye communicate with the brain.

Digital Fundus Imaging (Baseline) (\$15): This test provides the doctor with a **full image** of the central retina and its structures (the optic nerve, macula, and main blood vessels). There is normal variation in these eye structures from person to person and it is good to have a record of each individual patient's eyes. In some patients, these images may detect undiagnosed eye disease. Many eye diseases cause slow structural changes over time. Having a reference image allows your doctor to more accurately identify changes in your eye structures and treat diseases at an earlier stage. Early diagnosis can reduce the risk of visual complications.

iWellness OCT (\$20): 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 your doctor detect vision threatening and systemic diseases in very early stages, when they are most treatable and usually cannot be detected by any other evaluation.

Please mark your preference below, sign and date"

- ___ **Visual Field Screening Test (\$25):** Yes, I want **Visual Field Screening Test only.**
- ___ **Digital Fundus Photo (Baseline) (\$15):** Yes, I want **Digital Fundus Photo only.**
- ___ **iWellness OCT Scan (\$20):** Yes, I want the **iWellness OCT Scan only.**
- ___ **Decline:** No, I do not want the Visual Field Screening Test, the Digital Fundus Photo or the iWellness OCT Scan.

Patient/Guardian Signature

Clinician/Physician Signature

Date