



Brendhan M. Fritts O.D. P.C.

As part of a comprehensive eye examination, it is recommended that **ALL** patients have the internal health of their eyes thoroughly evaluated every year. This is performed as either a **dilated** retinal exam or the **Optomap** retinal imaging.

Our practice is pleased to provide all of our patients with the most highly advanced technology available in retinal screening today! Our ability to view your internal retinal health is now dramatically improved with the **Optomap**. We are among the **1%** of eye care providers in the country with this technology and the only provider in Stephens County.

Dr. Fritts is concerned about uncovering and documenting problems such as macular degeneration, glaucoma, retinal holes or detachments and diabetic retinopathy (all of which can lead to partial loss of vision or blindness). Systemic diseases such as **diabetes** and **high blood pressure** can also be discovered during a retinal exam. ***Just as your dentist regularly takes pictures of your teeth, or mammograms are used for early detection, your eyes deserve the same quality care.*** These health conditions are difficult to detect without the **Optomap** Retinal Exam or **dilation** of the pupils with eye drops due to the limited view of the internal structures of the eye.

Optomap:

Provides an eye wellness scan.

Gives in depth view of the retinal layers (where disease can start).

Allows your doctor to review your **Optomap** retinal image with you.

Provides an annual, permanent record for your medical file.

Is fast, easy, and comfortable.

Will NOT require dilating drops which result in blurred vision and sensitivity to light for 4-6 hours. Some patients may need to have their eyes dilated also.

PLEASE NOTE: THERE IS AN ADDITIONAL CHARGE OF \$34 FOR THE OPTOMAP RETINAL EXAM WHICH IS NOT COVERED BY INSURANCE.

I have read and understand the above, and **agree** to the **Optomap Retinal Exam**.

I have read and understand the above, and **decline** the **Optomap Retinal Exam** but wish to have my eyes **dilated**.

I have read and understand the above, and **decline** both the **Optomap Retinal Exam and dilation** at this time.

HIPAA PRIVACY ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I understand that this office is HIPPA compliant and acknowledge that the HIPPA policies are posted and available for to read.

Patient / Parent Signature: _____ Date: _____