Help us keep your information up to date

Date: _____

Name: _____

Date of Birth: _____

Address: _____

City:_____ State: _____ Zip: _____

Email Address: _____

Phone Numbers

Home: _____

Cell:_____

Work: _____

*If patient is under the age of 18, please provide us with parent information as well.

Parent Name: _____
Date of birth: _____
Address:_____
City: _____ State: _____ Zip:_____

DILATED FUNDUS EXAM

Florida Board of Optometry and the American Optometric Association recommend a dilated eye examination to fully assess the function and health of your eyes. Without dilations, a condition with the potential for the potential for the partial or total loss of vision may exist and go undetected. Dilation is a part of a complete eye examination and does not cost extra.

Dilation will cause sensitivity to light and will make your near vision blurry, temporarily. Our office will provide you with disposable sunglasses to minimize your sensitivity.

Should you have any questions, the Doctor will be happy to answer them.

The doctors prefer a dilated fundus exam but if you do not wish to have this evaluation at this time, please check the box below & sign.

☐ I understand the importance of this exam but I decline at this time.

Signature: _____

Date: _____

OPTOMAP RETINAL IMAGING

This additional test allows the Doctor to see a much more detailed view of the retina than is possible with conventional methods. It will help the doctor diagnose ocular diseases such as Cancer, Diabetes, High Blood Pressure & Elevated Cholesterol.

We recommend this test to ALL patients and especially those who would like a more complete retinal, optic nerve, and macular evaluation.

The fee for the OPTOMAP is $39.

Please INITIAL next to your preference below.

_____ Yes, I would like this examination.

_____ No, I would not like this examination/