

VISUAL FIELD TESTING & DIGITAL RETINAL PHOTOGRAPHY

We are excited to announce that we have incorporated into our practice new, state-of-the-art computerized instruments that allow us to provide a more thorough medical analysis of your eyes. Our automated visual field instrument measures retinal function and sensitivity. Digital photographic imaging of the retina (back of the eye) can provide invaluable information for early detection, treatment, and monitoring of retinal and optic nerve changes. Retinal and optic nerve health is vital in maintaining good vision.

Unfortunately, routine eye exams may not always detect ocular diseases in their early stages. These instruments can assist us in the early detection of many disorders, including brain tumors, glaucoma, macular degeneration, diabetic retinopathy, retinal detachments, optic nerve diseases, and retinal disturbances due to vascular problems or medications.

We strongly recommend that all of our patients receive these screenings annually. It is especially important for people who have:

1. Headaches/ Migraines
2. See spots or flashes of light
3. Have **Diabetes, High Blood Pressure, Glaucoma, Macular Degeneration** or a family history of any of these
4. Have retinal problems or a family history of retinal problems
5. A strong eyeglass prescription
6. Over the age of 35

Please check the appropriate line below and sign at the bottom.

_____ **I DO** _____ **I DO NOT want** the visual field testing exam (\$15.00)

_____ **I DO** _____ **I DO NOT want** the digital retinal photography & scanning laser (\$40.00)

Please Note: While these tests are recommended for all patients as preventative health care, for some, these tests are medically necessary due to certain eye conditions that may be present or need to be ruled out. In the latter case, we will submit the fees for these tests to your insurance company.

COMPUTER VISION TESTING

Computer Vision Syndrome is caused by the constant effort it takes for your eyes to focus on a computer screen. Unlike an easy-to-read book, the images on a computer screen are made up of tiny, glowing dots called pixels. Without clearly defined edges or background contrast, your eyes can lock the images into focus. They continually drift out of their natural focal resting point and then strain to regain focus on the screen. This constant refocusing can occur in thousands of times an hour — overworking your eye muscles and causing painful eyestrain **symptoms including tired and sore eyes, headaches, blurred vision, and general fatigue.** If you **work at a computer more than 2 consecutive hours in a day**, we strongly recommend evaluating your eyes with the **PRIO** computer test during your visit today. With the results of this test, Dr. Fry will be able to prescribe the most accurate prescription designed specifically for your computer vision needs. The fee for the **PRIO** test is (\$30.00) which is **not** covered by vision benefits or insurance.

I want the PRIO computer test: _____ YES _____ NO Initials: _____

Please Read and Sign if Interested in Contact Lenses

Professional Standards of Care recommend that all people who wear contact lenses have a full comprehensive exam **and** contact lens evaluation at least once every year. This form is intended to make clear any misconceptions concerning the professional services and material costs of contact lenses. Your vision benefits may not cover or only cover a portion of the charges for a contact lens evaluation. **Please read carefully** and sign at the bottom:

- We will **not** dispense contact lenses or write a contact lens prescription without a comprehensive exam **and** contact lens evaluation, including all necessary follow-up visits, each and every year.
- A **comprehensive exam** consists of tests which include:
 1. Determination of refractive status of your eyes (myopia, hyperopia, astigmatism, presbyopia.)
 2. Evaluation of ocular tissues internal and external and any diagnosis of diseases or disorders relating to the eye.
 3. Assessment of the functional ability of the visual system.

A **CONTACT LENS EVALUATION** must be done **IN ADDITION** to the comprehensive exam, regardless of whether or not you have a change in your contact lens prescription.

- These tests are for contact lens wearers **only** and include:
 1. Measurement of the curvature of the cornea to determine the proper parameters of a contact lens which will best fit each eye, and for previous wearers, to assure that your current contact lenses are still the proper fit.
 2. Evaluation of the performance of both the current and/or new contact lenses on each eye (visual acuity, coverage, centration, movement, tear exchange, cleanliness, etc...)
 3. Assessment of the ocular tissues involved in contact lens wear and determination if these tissues are responding favorably to contact lens wear.
 4. Choosing the correct lens materials and designs for your individual needs.
 5. Ongoing follow-up visits as needed up to **3 months**. Any additional follow-up visits outside of the initial 3 months will be charged \$40 per visit.

There is an **ADDITIONAL PROFESSIONAL FEE** associated with the **Contact Lens Evaluation**. This fee is dependent on the level of complexity of the fitting process and does **not** include the price of the contact lenses.

Level 1	\$ 55	soft spherical CL requiring no follow-up visit
Level 2	\$ 95	soft spherical CL requiring follow-up visit(s) or Level 3 w/o follow-up
Level 3	\$125	soft toric CL requiring follow-up visit(s) or Level 4 w/o follow-up
Level 4	\$175	multi-focal soft CL or Synergeyes Duette requiring follow-up or Level 5 w/o follow-up
Level 5	\$250	rigid gas-permeable (RGP) or Synergeyes A SV or Level 6 w/o follow-up
Level 6	\$325	multi-focal RGP, soft toric multi-focal CL, or Synergeyes MF
Level 7	\$425	post-RK surgery fit; RGP or Synergeyes PS
Level 8	\$795	keratoconus fit or CRT refit including 2 sets of CRT lenses
Level 9	\$1200	Corneal Refractive Therapy (Includes 2 sets of contact lenses)

VISION BENEFITS

If you have vision benefits, your **exam co-pay** is only for the comprehensive portion of the exam. Contact lenses are considered an elective form of vision correction; therefore, the contact lens evaluation is **NOT** covered by the comprehensive exam coverage under your vision benefits. Unless your vision carrier provides some reimbursement toward your contact lens evaluation and/or contact lenses, you are responsible for the full amount of the contact lens evaluation fee on the date of service.

I have read and by signing, I understand that if **I choose to be fit with contact lenses**, I am financially responsible for all fees not covered by my vision benefits.

Name: _____

Date: _____