

Murray Vision Source Optomap®/Dilation Form

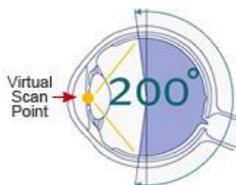
Our goal at Murray Vision is to help you see your best now and throughout your lifetime. To help us accomplish that goal we have added state-of-the-art digital scanning technology, called **Optomap®** to capture a digital image of the inside (retina) of your eyes.

This technology allows Dr. Murray to examine the health of the inside of your eyes **without disrupting your normal vision. You will leave the office able to return to normal activity immediately.**

Advantages of the Optomap®:

- No blurred vision
- No light sensitivity
- You can see your own retina in full color
- Images take less than one minute and do not puff air in your eye
- Images are saved to your chart as a great baseline for future exams

View with Optomap®



View without Optomap®



Dr. Murray recommends that ALL patients have a thorough retinal examination every year to detect and diagnose eye diseases. The **Optomap®** is the preferred method over dilation, unless dilation is absolutely necessary. This non-invasive procedure allows a much broader and more detailed view of the retina and with most patients replaces the need for dilation.

*The **Optomap®** or dilation is needed to detect diseases such as macular degeneration, glaucoma, retinal detachments, diabetic retinopathy, tumors and other vision threatening conditions.*

There is an additional fee of \$39 for the Optomap® (which covers both eyes) as this service is generally not covered by insurance companies. Dilation may still be required in some instances but you will be consulted if that is necessary.

() I would like an **Optomap®** performed and I'm prepared to pay the \$39 today. **I am not sensitive to bright or flashing light and have not recently experienced a seizure or concussion.**

() I understand the above but prefer to have my eyes dilated no additional charge.

() I decline the doctor's recommendation to obtain a comprehensive view of my retinas. By foregoing both the **Optomap®** and dilation, I understand that Dr. Murray will be limited in his ability to fully examine my eyes and assess my overall eye health and that certain diseases, defects and abnormalities may go undetected at this time as a result.

Patient Name (Printed): _____ Date of Birth: _____

Patient/Guardian Signature: _____ Todays Date: _____