

## Vision City of Lake Worth Examination Options

We are excited to tell you that we now offer the latest in HD 3-D eye exams! Our remarkable wavefront device uses the most advanced technologies available to help us measure and diagnose your vision more thoroughly than ever before. With this new technology we can assess your vision for higher order aberrations that may be causing you to see distortions such as “ghost images”, double vision, halos, streaking of lights, and glare. We can perform a Custom Wavefront Refraction and help bring your daytime and nighttime vision into focus.

We will be able to see what a point of light looks like through your eyes, and what it will look like when optically corrected. In addition, we be able to see a map of the surface of your cornea which can aid in the diagnoses and treatment of corneal dystrophies.

**The HD eye exam is NOT covered by insurance plans. It is an optional \$40 upgrade to the comprehensive eye exam. You will receive a color print of your results after the examination.**

### VISUAL FIELDS AND DILATION

Trina Lieske, Doctor of Optometry and her Associates, recommend that all of our patients receive a Visual Fields testing and Dilation as part of our comprehensive and diagnostic evaluation of your eyes and health. Most insurances do not cover these test so they will most likely be an out-of-pocket expense even if you are using vision insurance today.

A visual field analyzer is a highly sophisticated computerized instrument that enables us to provide a more thorough visual field screening. This instrument checks for loss of sight or missing areas of vision, both in central and peripheral areas. Visual field testing can assist us in early detection of glaucoma, retinal problems (such as diabetes, tears, holes, detachments, and macular degeration), and some neurological diseases (such as certain brain tumors that affect your vision and optic nerve disease), and better enables us to diagnose causes of headaches.

**The fee for a VISUAL FIELD SCREENING is only \$19.00.**

When an eye is **DILATED**, we are able to get a much broader and fuller view of the inside of the eye. This can assist us in determing eye diseases (such as diabetes, macular degeneration, glaucoma, hypertensive retinopathy, congenital eye diseases and tumors), damage to the retina (such as holes, tears, and detachments) and evaluation of cataracts. If you have symptoms such as flashes of light or excessive floaters, this procedure is absolutely crucial for proper diagnosis of retinal damage.

Diabetics should be dilated yearly to check for diabetic retinopathy.

**The fee for DILATION is only \$19.00.**

#### **Please Note:**

- \*\*The HD eye exam can assist in diagnosing corneal dystrophies, and optical aberrations.**
- \*\*Visual Fields test the function of the retina and optical pathways.**
- \*\*Dilation allows us to get a better view of the retina in the back of the eye.**

**DO NOT FILL OUT UNTIL YOU HAVE READ THE IMPORTANT INFORMATION PROVIDED TO YOU ON THE Vision City of Lake Worth Examination Options LAMINATED SHEET.**

**Please choose one option from EACH of the two sections below, and sign the bottom of the sheet. Should you have any questions, please ask for assistance.**

**Please check one of the following options:**

\_\_\_\_\_ I would love to have an HD eye exam today. I understand that it will be an additional \$40 to the routine eye examination fee. I also understand that it is NOT covered by insurance.

\_\_\_\_\_ I have read and understand the benefits of having wavefront analysis and corneal maps made of my eyes, yet I do not wish to have it performed at this time. I release Dr. Lieske and her Associates, from any negligence or liabilities related to the failure to treat or diagnose any eye conditions due to the lack of diagnostic information, which could have been obtained by the HD 3-D Wave examination.

**Please check one of the following and sign below:**

\_\_\_\_\_ I do consent to having both visual fields and dilation. The fee for both is \$38.00

\_\_\_\_\_ I do consent to having a visual fields screening only. The fee is only \$19.00.

\_\_\_\_\_ I do consent to having dilation only. The fee is only \$19.00.

\_\_\_\_\_ I do understand the importance of dialation and visual field testing, yet I do not wish to have it performed at this time. I release Dr. Lieske and her Associates, from any negligence or liabilities related to the failure to treat or diagnose any eye conditions due to the lack of diagnostic information, which could have been obtained by these additional tests.

\*\*Even if you choose **NOT** to have the additional test, if the test are absolutely necessary to complete your exam today, the doctor will let you know and you will be responsible for the charges.

\_\_\_\_\_  
**Patient's ( or guardian's) Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PRINT GUARDIAN'S Name (if applicable)**

\_\_\_\_\_  
**PRINT Patient's name**