

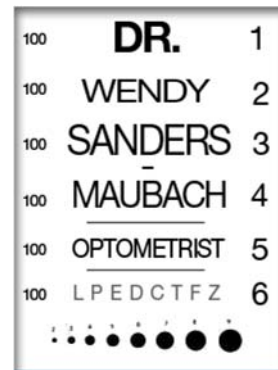
Wellness Retinal Imaging Consent Form

Dr. Sanders-Maubach

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Please fill out this form to help us assess your eye health. Thank you.



Retail Image Example

Personal Information

As part of your eye exam Dr. Sanders-Maubach recommends a special diagnostic procedure called Wellness Retinal Imaging. This procedure consists of capturing an image of the back part (retina) of your eye. This is not an x-ray or ultrasounds procedure; and nothing will touch your eye. We are simply taking a digital photo as a permanent record, which is valuable in assessing the current health of your eye. This helps to safeguard the health of specific structures of your eye, such as the retina, optic nerve, macula and blood vessels. It will also serve as an initial point from with to compare, as we follow your health in subsequent years.

The fee for this part of the eye exam is typically \$20. Retinal image screenings may be covered under your vision plan. Depending on your diagnosis, this test may be covered under your medical insurance or Medicare. This office will advise you of your coverage. You may be required to submit a receipt for reimbursement from your insurance provider.

Wellness Retinal Imaging Consent

_____ Yes, I want to have retinal photos taken of my eye for documentation.

_____ No, I do not wish to have retinal photos taken.

Signature _____

Date _____