

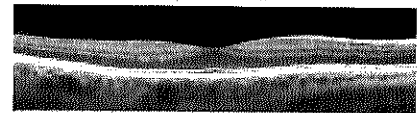
iWellness Exam

Sight threatening diseases such as glaucoma, macular degeneration, diabetic retinopathy and others generally have no outward signs or symptoms in early stages. Therefore, in an effort to provide a more thorough eye exam, our practice has recently joined with other elite practices now performing comprehensive eye exams using the iVue® SD-OCT by Optovue. The iWellnessExam in combination with Digital Retinal Imaging gives each patient the most comprehensive eye health evaluation.

Like an MRI of the eye, the iWellnessExam™ reveals ocular anatomy and signs of disease in exquisite detail. This breakthrough technology allows your doctor to examine with unprecedented clarity, structure that is invisible using traditional methods. This unique technology can help detect potentially vision threatening, as well as systemic diseases in their very early stages, when they are most treatable.

As part of your pre-exam testing, our technician will perform the **iWellnessExam and Digital Retinal Imaging** which your doctor will review with you during your examination. The \$39 co-pay is not covered by your vision or medical insurance. This charge will be added into the cost of your visit. Any questions you have about iWellnessExam and the results of the test can be discussed with the doctor during your examination.

Healthy Retina



Unhealthy Retina



iWellness Exam

We strongly recommend that all patients have this procedure performed, and it is especially important for people who have:

Headaches, See spots or flashes, Family History of Diabetes, Family History of Glaucoma, Family History of Macular Degeneration, High Blood Pressure, High Cholesterol or Triglycerides, Reached the age of 40, Sudden Vision Changes, Never had the procedure previously, Would like a “baseline” image for future comparisons

There is an additional charge of **\$39.00** for this screening procedure and it is **NOT COVERED BY INSURANCE.**

Please check the appropriate line and sign at the bottom.

_____ **I DO** want the procedure performed.

_____ **I DO NOT** want the procedure performed.

SIGNATURE: _____ **DATE:** _____