

Davis Optical & Family Eye Health Center

VISUCAM RETINAL EXAM

*IMPORTANT INFORMATION FROM
Dr's Coverdale and McFarland*

Our doctors are proud to provide our patients with the most highly advanced technology available in retinal screening today! Our ability to view your internal retinal health is now dramatically improved with the Visucam Retinal Camera by Zeiss.

Doctors Coverdale and McFarland have always been concerned about retinal problems such as macular degeneration, glaucoma, retinal holes or detachments and diabetic retinopathy (all of which can lead to partial loss of vision or blindness). Additionally, systemic diseases such as diabetes and high blood pressure can often be detected during a retinal exam. Now we can screen and document for these things better than ever!

EARLY DETECTION IS CRUCIAL!

Visucam provides:

An annual wellness scan

An in depth view of retinal layers (where disease can start)

The ability to show you your images today during your exam and e-mail you a copy if you'd prefer

A permanent record for your medical file, which gives our doctors comparisons for tracking and diagnosing potential eye diseases

Visucam:

Is fast, easy and comfortable

Will **NOT** normally require dilating drop

Our doctors would like for **ALL** of our patients to have the Visucam screening exam annually to monitor baseline results. We will bill your **MEDICAL INSURANCE \$98** for this procedure. Keep in mind, this medical charge may be applied to your medical deductible depending on your personal health expenditures for the year. Most insurance companies will pay for photos when retinal defects are identified. In the event that your insurance does not pay for this test, your cost will be \$39.

_____ I elect to have the Visucam Retinal Exam

Patient Signature _____ Date: _____

Please make sure we have your MEDICAL INSURANCE information, if it is different from you vision insurance.

If you decline the Visucam exam, you are limiting our ability to accurately determine the health of your eyes and must sign below.

_____ I decline the Visucam exam

Patient Signature _____ Date: _____