



Scott Nishek, OD Matt Motteler, OD, FAAO Meghann Hamidiani, OD Stacy Trego, OD

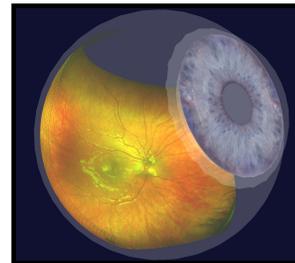
HIPPA (Health Insurance Portability Accountability Act)

Carolina Eye Care provides information about how we may use and disclose your protected health information. If you wish for anyone to obtain any of your financial or health information, please provide us with those individuals names. This includes, but not limited to, picking up eyewear, contact lenses, prescriptions, and handling financial payments and/or questions.

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

optomap[®]
Retinal Exam



optomap[®] Retinal Exam Example

At Carolina Eye Care we pride ourselves on providing our patients with the best possible standard of care. **Because of this we now perform the optomap[®] Retinal Exam with all of our patients.** This non-invasive procedure allows your doctor to see a much broader and more detailed view of the retina than is possible with conventional methods. When reviewed, the scan becomes a permanent part of your medical file, enabling your doctor to make important comparisons should potential vision threatening conditions show themselves at a future examination. **Your Doctor strongly believes that the optomap[®] Retinal Exam is an essential part of your comprehensive eye exam and prescribes it for all patients once per year.**

As part of your pre-test work up we can capture **optomap[®]** images for review with your Doctor during your examination today. The **\$40.00** fee for this procedure is generally a non-covered service unless being used to actively follow disease. Any questions you have about the **optomap[®]** Retinal Exam can be directed to your Doctor when he reviews the images with you during your examination.

_____ Yes, I would like the **optomap[®]** Retinal Exam _____ I would prefer further information

Patient Signature

Date