



**Advanced Family Eye Care Center** is 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 **OPTOMAP**.

**OPTOMAP** provides:

- Clear, detailed view of the optic nerve, macula, & retinal vasculature without the need for dilation.
- 200 degree widened view of the retina.

**OPTOMAP** detects:

- Macular changes.
- Optic nerve head diseases.
- Bleeding, swelling & neovascularization that can occur secondary to diabetes, hypertension and macular degeneration.
- Retinal holes, tears & detachment.
- Posterior vitreous detachment.

*The **OPTOMAP** is highly recommended for all patients, especially all patients with diabetes, hypertension, and other systemic/ocular diseases.*



Powered by opt•vue

**Advanced Family Eye Care Center** is dedicated to providing the best eye care possible. We're pleased to offer our patients the latest advancement in eyecare- the **iWellness Exam SD-OCT**.

**iWellness Exam (OCT):**

- Captures cross sectional view of the retinal layers similar to an MRI scan.
- Obtains a retinal thickness measurement.
- Important in early detection of age-related macular degeneration, glaucoma, and diabetic eye disease.
- This advanced technology detects eye diseases in the earliest stages when they are most treatable.

Because your insurance is designed to cover only a basic eye exam, it does not cover advanced screening tools such as the **Optomap** or the **iWellness Exam (OCT)**. Dr. Subak and Dr. Hager would like for ALL of their patients to have the **Optomap** and the **iWellness Exam (OCT)** exams annually. The additional fees are: **Optomap \$34**, **iWellness Exam (OCT) \$25**, or if you do **both exams together \$44**. Please indicate your elections below:

\_\_\_\_\_ I elect to have the **Optomap** only @ **\$34**

\_\_\_\_\_ I elect to have the **iWellness Exam (OCT)** only @ **\$25**

\_\_\_\_\_ I elect to have **Both Exams** @ **\$44**

\_\_\_\_\_ I decline all exams at this time.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_