



Now in TWO locations
8007 W. 151st St.
Overland Park, KS 66223
AND
8641 W. 135th St.
Overland Park, KS 66223
www.bluevalleyvision.com
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Several health concerns can be detected with screening retinal photography. These images allow your eye doctor to analyze ocular health over time and without the side effects of dilation. In the event this test is not covered by your insurance, **you will be billed \$35.00.**

- I understand the importance of this procedure and would like to have my internal ocular health evaluated and monitored with retinal imaging today.
- I refuse to have retinal imaging today. (Pupil dilation is strongly recommended if retinal imaging is refused.)

Dilation of the pupils allow the doctor to examine the peripheral retina for detachments, holes, thin spots, tumors, leaking blood vessels, and other problems that may threaten vision. Often times, these problems do not have symptoms and can only be detected through pupil dilation. For some patients, dilation may be necessary to measure an accurate prescription. Most patients can drive after pupil dilation, and we can provide you with temporary sunglasses to reduce light sensitivity. The doctor recommends pupil dilation for all patients.

What to expect:

- Eye drops will be placed into the eyes.
- Effects typically last 2-4 hours; effects include light sensitivity, increased glare, and decreased near focus.

- I agree to have a complete eye health examination including pupil dilation today.
- I refuse pupil dilation today. I understand that a potentially sight-threatening disease may go undetected when I refuse dilation.

I understand and agree that the health/accident insurance policies are an arrangement between an insurance carrier and myself. I understand and agree that all services rendered to me and charged are my personal responsibility for timely payment. I understand that if I suspend or terminate my care/treatment, any fees for professional services rendered to me will be immediately due and payable to Blue Valley Vision of Overland Park.

By signing below, I agree that I have read and understand the above statements and have voluntarily answered all questions truthfully and to the best of my ability.

Client Signature

Date