Visualize Optometry 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 OptoMap. Doctors strongly recommend that all patients of Visualize Optometry have this procedure done to allow him/her to utilize all tools available to assess the health of the eyes, and especially if any of the following apply: Diabetes High Blood Pressure Frequent or severe headaches High Nearsightedness Symptoms of flashes or floaters Personal or family history of glaucoma O Personal or family history of retinal holes/tears or retinal disease The entire process takes less than 5 minutes to complete in most cases. There are no side effects to this procedure like those normally associated with dilation, such as sensitivity to light and/or blurry vision. No drops are necessary to have the OptoMap done. The additional fee for this procedure is only \$25. Please check one: ☐ I wish to have the OptoMap exam done today ☐ I decline the OptoMap exam today ☐ I would like to have the OptoMap scheduled for another day. (To be done within 30 days of the exam) \_\_\_\_\_ Date: \_\_\_\_ Patient/Parent Signature: \_\_\_\_\_ If patient is a minor (under 18 years old), Parents must sign this form. (OFFICE USE ONLY) Please check one: ☐ I wish to have the OptoMap exam done today ☐ I decline the OptoMap exam today ☐ I would like to have the OptoMap scheduled for another day. (To be done within 30 days of the exam) \_\_\_\_\_ Date: \_\_\_\_\_ Patient/Parent Signature: \_\_\_\_\_ If patient is a minor (under 18 years old), Parents must sign this form. (OFFICE USE ONLY) Please check one: ☐ I wish to have the OptoMap exam done today ☐ I decline the OptoMap exam today ☐ I would like to have the OptoMap scheduled for another day. (To be done within 30 days of the exam) Patient/Parent Signature: \_\_ Date: \_\_ If patient is a minor (under 18 years old), Parents must sign this form.