

# McLeod Eye Associates, P.C.

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## Waiver of Retinal Evaluation

### WHAT ARE MY CHOICES?

**Dilation:** when the pupils are temporarily enlarged by the use of drops. When your pupils are dilated like this, it will cause your vision to be blurred, primarily up close, as well as being light sensitive. These symptoms generally last 4-6 hours and driving is not recommended during that time. This evaluation also adds an additional 30 minutes to the standard examination.

**Optomap:** is a retinal image taken of the back of the eye, allowing for that same evaluation as the dilation but with no after effects and only a 2-3 minute addition to the exam time. These images are saved and able to be compared year to year, making it easy to see any changes that may occur.

### WHY DO I NEED THIS?

The dilation or Optomap is highly recommended if:

- this is your first eye examination.
- you haven't had one of the two evaluations done in the last two years.
- you are diabetic (therefore must be done yearly).
- the doctor cannot otherwise properly evaluate your eyes.

These tests are important to rule out certain eye diseases if you have personal or family history of:

- High Blood Pressure
- High Glasses Prescriptions
- Headaches/Migraines
- Glaucoma
- Diabetes
- Macular Degeneration
- Flashes/Floaters
- Retinal Problems

Without the dilation or the Optomap, the doctor can only see about 30% of the inside of the eye, leaving potential problems undetected.

### WHAT'S THE BOTTOM LINE?

Having one of these tests done at your routine eye examination is the equivalent to getting your blood work done at your routine physical with your primary care doctor.

The fee for the dilation or the Optomap is **\$35** in addition to the standard eye exam, though some insurances cover or discount these tests.

**DECISION TIME:** Please **check ONE** of the following:

- Yes**, I would like the **DILATED** retinal evaluation in addition to my routine eye examination.
- Yes**, I would like the **OPTOMAP** retinal evaluation in addition to my routine eye examination.
- Not today**, I would prefer to reschedule the full retinal evaluation for another day.
- No**, I do not wish to have the full retinal evaluation. It has been explained to me and I understand that a condition with the potential for partial or total vision loss may exist and may go undetected without this full evaluation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_