

Vision Source / Moss Eyecare EyeScreen Photographic Examination and Visual Field Analyzer

We are pleased to offer our patients an advanced retinal exam called EyeScreen. EyeScreen is a high-resolution digital image of your retina that will help us review and compare your retinal health status over time. We will use the EyeScreen exam to document your retinal image for our charts, screen for eye diseases and improve our ability to view your internal retinal health at a much higher resolution than a slit lamp or ophthalmoscope.

Dr. Moss is concerned about retinal problems such as macular degeneration, retinal holes, detachments and diabetic retinopathy (all of which can lead to partial loss of vision or blindness). Additionally, systemic diseases such as diabetes and high blood pressure can be detected with the EyeScreen examination.

You can expect from this exam:

- An annual eye wellness EyeScreen photograph
- The ability to review the images with you (we will show you your retina)
- To be fast, easy and comfortable
- Usually no dilation drops for the test (we will inform you if they are required)

Also, we offer a fast, easy and painless test to help rule out glaucoma, tumors and conditions that can cause headaches, vision loss and other eye-to-brain disturbances.

Our Humphrey Visual Fields Analyzer uses the latest computer technology to maximize accuracy and provide information in addition to the complete eye exam.

Since insurance will not pay for the EyeScreen exam or the Visual Field screening – **these are considered out-of-pocket expenses.**

Dr. Moss recommends these procedures for all of his patients and will perform them at a reduced cost when done in conjunction with the basic eye exam. The normal cost for these tests combined is \$120.00. When performed on the same day as the eye exam the cost is \$49.00. Please check one of the following:

- I AGREE** to have my retinal health evaluated utilizing EyeScreen and my visual field analyzed for an additional cost of \$49.00 (a \$120.00 value)
- I DO NOT** wish to have my retinal health or visual fields evaluated in this manner. I understand that I will still have a thorough eye examination with slit lamp and ophthalmoscope observation.

Patient Signature

Date

