



PREMIER
EYECARE

Patient Name: _____

Date: _____

E-mail: _____

WELCOME BACK TO OUR OFFICE!

iWellness Retina Scan

- A quick, non-invasive scan of your eye similar to an MRI or ultrasound.
- The scan shows the health of the **deeper layers of the retina**, which cannot be seen with regular equipment, allowing us to monitor for changes over time, and for earlier detection of problems that may affect your vision.
- This test can usually be done without the use of dilating drops.
- There is an **additional fee of \$39** for the iWellness Retina Scan.

WE HIGHLY RECOMMEND OF OUR PATIENTS CONSENT TO THIS PROCEDURE

_____ I accept recommendation _____ I decline recommendation

CONSENT TO DILATE WITH EYE DROPS

Dilating drops are used to enlarge the pupils of the eye to allow the doctor to obtain a better view inside of your eyes. Temporary light sensitivity and loss of the ability to focus up close are common side effects of dilation and usually subside within 3 to 6 hours after instillation of the drops. Distance vision is usually not affected.

Risks without test: Possibility of not detecting eye disease that could lead to blindness (i.e. glaucoma, retinal tears or disease, etc.) I hereby authorize the doctor and/or assistants to administer dilating eye drops.

_____ I accept recommendation _____ I decline recommendation

Are you planning on purchasing glasses today? ☐ Yes ☐ No ☐ Maybe

Are you planning on getting a contact lens evaluation today? ☐ Yes ☐ No ☐ Maybe

Are you having any specific problems with your vision, eyes, glasses, or contact lenses? _____