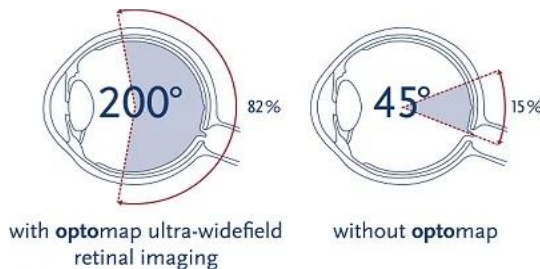


[Kris E. Smith, O.D.](#)
[Kori Watkins, O.D. / Craig S. Horner, O.D.](#)

Our doctors at Vision Plus are excited to offer the latest in **OPTO**map technology, the **MONACO**, one of the leading devices in retinal imaging. The retina is the back of the eye consisting of the optic nerve, macula (rods & cones), veins, and arteries. The retina is an area of the human body where pathology can be found. This is why it is so important to have a yearly eye exam. The image capture takes less than a half-second and they are available immediately for you to see your own retina.

Dr. Smith, Dr. Horner and Dr. Watkins recommend that all patients choose to have the **OPTO**map performed for the following reasons:

- **Opto**map facilitates early protection from vision impairment or blindness.
- Early detection of life-threatening diseases like cancer, stroke, and cardiovascular disease.
- It is fast, easy and comfortable.
- This image will be part of your record and can be referenced in the years to follow.
- The images are available immediately for viewing.
- Your doctor can provide better education on your optical health.
- The unique **opto**map ultra-widefield view helps your eye care practitioner detect early signs of retinal disease more effectively and efficiently than with traditional eye exam.



PLEASE CIRCLE AND SIGN BELOW:

YES I choose to have an **OPTO**map image taken today. I understand the cost is **\$39**, due today.

NO I decline to have an **OPTO**map image taken today. I understand that my eyes will be dilated for several hours depending on how sensitive my eyes are to the drops. I understand this may impair my up-close vision and cause light sensitivity.

I choose NOT to be dilated today and understand the risks of a non-dilated exam. I understand that certain patients need to be dilated due to ocular health issues, insurance policies and FL Statute 64B13-3. I also understand the risks of a non-dilated exam. **INITIAL HERE IF YOU CHOOSE NO DILATION** _____

Date _____

Print Name _____

Signature _____

IF YOU CHOSE NO DILATION & NO OPTOMAP PHOTOS, YOU MUST SIGN THE LIABILITY WAIVER ON THE FOLLOWING PAGE.

RISK AND LIABILITY WAIVER

I chose NOT to be dilated or do the OPTOmap today.

I understand and accept the risks of a non-dilated exam. I understand that without dilation or OPTOmap photos the doctor is not able to accurately check the health of my eyes. Florida Statute 64B13-3 requires an Optometrist perform a dilated fundus examination. It has been explained to me that certain patients need to be dilated due to ocular health issues, and certain diseases or health conditions.

I have also been advised that most insurance policies require the doctor to perform specific procedures to submit a valid claim. If I chose not to have these procedures done, I understand I will be charged usual and customary fees and no claim will be submitted to my insurance company.

Date _____

Print Name _____

Signature _____