



Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

	Yes	No	
Do you experience red, tired, dry, or burning eyes?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use an over the counter eye drop?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use the computer more than 3 hours/day?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you planning on purchasing new eye wear today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interested
Do you have prescription/non-prescription sunwear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interested
Are you satisfied with your distance and reading vision?	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble seeing or driving at night?(difficulty with night driving)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you sensitive to light or glare?	<input type="checkbox"/>	<input type="checkbox"/>	
What would you change about your current eyewear?			
<input type="checkbox"/> Lighter weight	<input type="checkbox"/> Thinner lenses	<input type="checkbox"/> Less glare	<input type="checkbox"/> Safer
<input type="checkbox"/> More durable	<input type="checkbox"/> Invisible bifocal	<input type="checkbox"/> Style	<input type="checkbox"/> Size

## ***optomap® Ultra-widefield Retinal Image***

At Family Eyecare Center we pride ourselves on providing our patients with the best possible standard of care. **Because of this, we strongly recommend the optomap® Retinal Exam with all our patients.**

This non-invasive procedure allows your doctor to see retinal problems such as macular degeneration, glaucoma, retinal holes and detachments, melanomas, cancer and diabetic retinopathy.

This image will become a part of your medical file, enabling your doctor to make comparisons should potential vision threatening conditions show themselves at a future examination. Dr. Bauman and Dr. Haria believe the **optomap® Retinal Exam is an important part of your comprehensive eye exam and recommend it for all patients once per year.**

The \$35.00 cost for this procedure is generally a non-covered service. By choosing the **optomap®** exam you may not need dilation. Your optometric technician will discuss this important benefit with you.

I have read \_\_\_\_\_  
Patient signature (parent if child)

\_\_\_\_\_  
Date