

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Preferred form of contact (for recall and confirmation purposes only) Text \_\_\_\_\_ Email \_\_\_\_\_

Do you have any of the following vision insurances? Last four #'s of SSN \_\_\_\_\_ (for VSP Ins)

VSP \_\_\_\_\_ MES \_\_\_\_\_ Spectera \_\_\_\_\_ DavisVision \_\_\_\_\_ Superior Vision \_\_\_\_\_ None \_\_\_\_\_

1. When was your last eye exam? \_\_\_\_\_ Last dilation/retinal exam? \_\_\_\_\_

2. Do you have any of the following conditions?  
Diabetes \_\_\_\_\_ High blood pressure \_\_\_\_\_ High cholesterol \_\_\_\_\_ Thyroid disease \_\_\_\_\_  
Arthritis \_\_\_\_\_ Any other medical conditions? \_\_\_\_\_

3. Are you currently taking any medications? Yes No  
If yes, please list \_\_\_\_\_

4. Do you have any drug allergies? Yes No  
If yes, please list \_\_\_\_\_

5. Do you have a family history of any of the following?  
Glaucoma \_\_\_\_\_ Macular degeneration \_\_\_\_\_ Diabetes \_\_\_\_\_

6. History of any eye diseases, eye surgeries or injuries? Yes No  
If yes, please list \_\_\_\_\_

7. Women: Are you currently pregnant? Yes No

8. Do you wear your glasses? Full time Part time Reading only

9. Do you wear contact lenses? Yes No  
If yes, what brand, and how often do you replace them? \_\_\_\_\_

10. Are you interested in contact lenses today? Yes No

11. Are you interested in possible refractive surgery (ie. LASIK)? Yes No

12. Approximately how many hours are spent on a computer/phone each day? \_\_\_\_\_

**Office Policy**

If you are determined to need MEDICAL treatment prior to a routine examination, an office visit charge will be applied in place of the routine examination. A routine exam may be rescheduled following the resolution of the condition. All exams include follow-up visits free of charge for the first three months from the original exam date.

Signature \_\_\_\_\_ Date \_\_\_\_\_ >>>> Turn Over

## Comprehensive Exam Options

A health check is recommended every 1-2 years depending on age/medical conditions

Additional \$15 added to basic exam fee for either option (price totals listed below)

### Traditional dilation:

- Uses eye drops for detailed view
- Takes approx +30min
- Side effects: blurry vision and light sensitivity for 4-6 hours

### Optomap Imaging:

- No eye drops needed
- Takes +1-2 minutes
- No side effects
- Can store images for future comparison

Our office also offers macular OCT testing to further assess and monitor retinal diseases - this test is only performed if medically necessary (+\$10).

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## Eye Examinations

Please check the service that we will be providing you today.

### 1. Glasses

- \_\_\_\_\_ \$74     **Basic Exam:** Vision check
- \_\_\_\_\_ \$89     **Comprehensive Eye Exam:** Vision check AND health check
- \_\_\_\_\_ Optomap imaging- Discuss w/Doctor\_\_\_\_\_
- \_\_\_\_\_ Traditional dilation- Discuss w/Doctor\_\_\_\_\_

### 2. Glasses AND Contact Lenses (Regular/Specialty Lenses)

- \_\_\_\_\_ \$109/\$134     **Basic Contact Lens Exam:** Vision check
- \_\_\_\_\_ \$124/\$149     **Comprehensive Contact Lens Exam:** Vision check AND health check
- \_\_\_\_\_ Optomap imaging- Discuss w/Doctor\_\_\_\_\_
- \_\_\_\_\_ Traditional dilation- Discuss w/Doctor\_\_\_\_\_

### 3. Office Visit (Examples: Eye pain, bleeding, sudden vision loss, etc.)

- \_\_\_\_\_ \$60-120     **Medical Eye Exam**
- Price determined by complexity. Follow-ups for the treated condition are included.
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**Staff use:**    Glasses    Spherical CL    Specialty CL    Optomap    Dilation    Follow-up: