

Marvin Howell, OD and Associates

East Cobb – Marietta

4101 Roswell Rd. NE Ste 905
Marietta, Ga 30062
770.565.3970

Alpharetta

5230 Windward Pkwy
Alpharetta, Ga 30004
678.537.0002

DILATION | RETINAL IMAGING | VISUAL FIELD CONSENT FORM

Dilation is an important part of a complete eye exam. The purpose of a dilated exam is to enhance the detection of any ocular pathology, such as cataracts, glaucoma, retinal hemorrhages, retinal detachments, malignant growths, or any other ocular conditions. It is especially important for patients with a history of diabetes, high blood pressure, headaches, migraines, floaters, high spectacle prescriptions, retinal problems, glaucoma, or family history of eye disease. There are some temporary minor side effects associated with dilation. These include: Sensitivity to light, Blurred vision, Mild burning on installation of the drops and an inability to focus and do near work. These side effects usually last approximately 3-5 hours. Some patients find it difficult to drive after being dilated, and thus bring a driver with them.

I understand the risk and benefits of pupil dilation and request to:

- ☐ Have my eyes dilated today
- ☐ Not have my eyes dilated today
- ☐ Take responsibility to reschedule my dilation

Retinal imaging allows instant viewing of the back of the eye without pupil dilation in most cases. While taking the retinal photo does not replace the need to have your eyes dilated, it is strongly recommended that you have photos taken if you plan on declining dilation at today's visit. However, because this is a screening procedure, it cannot be billed to vision insurance. In some cases we may be able to bill your medical insurance for the cost.

- ☐ **I would like to have retinal images taken** instead of dilation. I understand I may be charged **\$35.00** for a screening fee if the photos are not covered by my insurance.
- ☐ I would like to have retinal images **and** dilation performed.
- ☐ I understand the importance of the retinal imaging; however, I decline the procedure.

Visual Field Analysis allows for the early detection of glaucoma, retinal degeneration, tumors and vascular problems. It gives the optometrist an important baseline diagnostic finding. It is recommended that all patients receive this test. It is important for those who have a history of glaucoma, diabetes, high blood pressure, headaches, flashes of light or floaters. However, because this is a screening procedure, it cannot be billed to vision insurance. In some cases we may be able to bill your medical insurance for the cost.

- ☐ **I would like to have the FDT visual field screening.** I understand I may be charged **\$25.00** for the screening if it is not covered by my insurance.
- ☐ I understand the importance of the FDT visual field screening; however, I decline the additional test at this time.

Patient/Legal Guardian Signature

Date

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HIPAA Privacy Acknowledgment

I, _____ (Print full legal name here; the “Patient” or “Patient’s Legal Representative”) have been provided with the Notice of Privacy Policy (the “policy”) of the provider and have been offered a copy of such policy for my records.

_____ (Initial here) I hereby acknowledge that I have been offered a copy of the Policy.

_____ (Initial here) I hereby refuse to acknowledge receipt of the Policy. I understand that even though I may refuse to sign this acknowledgment, my provider may still provide services.

Billing Consent and Authorization

I hereby authorize *Marvin Howell, OD and Associates* to use or disclose my medical health information when billing my insurance for all charges incurred in connection with the diagnosis, care, and treatment of my visit. I understand that a payment may be required at the time of services, and that I will be billed and held accountable for payment of any charges that are not paid by my insurer. Should any complications with my insurance occur, I authorize *Marvin Howell, OD and Associates* the right to dispute by appealing denials or other adverse decisions on my behalf as they deem necessary.

Patient Signature

Date