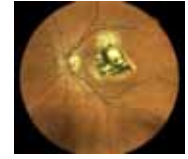


BONITA VISION CENTER



Consent for iWellness Screening, Optos Photography and AdaptDX Testing

If you could detect and treat sight threatening eye diseases earlier would you? Here at Bonita Vision Center, we've invested in the latest technology to help preserve your vision and detect certain conditions before they begin to cause visual problems.

As part of **our commitment** to provide you with the most comprehensive eye care, we offer advanced high-definition digital imaging which allows Dr. Gresham to better evaluate any dangerous conditions that may be developing in your eyes.

Many eye problems can develop **without warning** and progress without symptoms. In the early stages, you may not even notice a change in your vision, but sight threatening conditions such as retinal detachments and diseases such as macular degeneration, glaucoma, and diabetic retinopathy can be detected with a thorough evaluation of the retina and surrounding anatomy.

Dr. Gresham **strongly encourages** all patients to undergo these valuable tests as part of your annual eye exam, and particularly for any individuals with any of the following:

- Spots, floaters, or flashes
- Hypertension
- Diabetes
- Eye pain / Headaches
- History of head or eye trauma
- Family history of glaucoma
- Family history of AMD (macular degeneration)
- Strong eyeglass prescription
- Anemia
- Difficulty driving at night

Advanced imaging pricing (circle and initial one option):

- | | | |
|--|----------------|-------|
| 1. HD photos & Laser OCT <i>only</i> : | \$39.00 | _____ |
| 2. Laser OCT <i>only</i> : | \$19.00 | _____ |
| 3. Adapt DX <i>only</i> : | \$39.00 | _____ |
| 4. iWellness Package* | \$59.00 | _____ |

*includes all three SCREENING tests, if conditions are detected that warrant further testing, medical insurance coverage may apply.

___ I DO wish to participate in digital screening to assist in early detection of eye disease, and understand I am responsible for charges at time of service.

___ I DECLINE to participate in the advanced imaging procedures and release Dr. Gresham/Bonita Vision Center from any liability for future vision loss related to my unwillingness to have these screening tests performed.

Print Name: _____ Signature: _____ Date: _____