



INSIGHT EYECARE

NAME: _____

DATE: _____

Please list—changes in demographic or insurance information:

Please list—current medications and medical history updates:

DIAGNOSTIC ISSUES

Please list—what reason brings you in to the office today:

Please list—any complaints about wearing glasses and/or contacts:

Are you interested in getting new glasses today? No Yes

Do you wear contact lenses? No Yes

Would you like a renewed contact lens prescription today? No Yes

Do you have a pair of prescription glasses specifically for computer use? No Yes

How many hours, per day, do you work on a computer? _____ Hours

How many hours, per week, do you spend outdoors? _____ Hours

DO YOU EXPERIENCE...

Blurred vision? No Yes

Dryness? No Yes

Problems with glare or reflection? No Yes

Sensitivity to sunlight? No Yes

Floaters and/or flashes of light? No Yes

Migraine headaches? No Yes

How many migraine headaches, per month, do you have? _____ Migraine headaches

VISION SOURCE™

INSIGHT EYECARE

We pride ourselves on providing our patients with the best possible care. **An annual comprehensive eye exam requires that a doctor conducts a retinal evaluation every year, to screen for threatening diseases, such as diabetes, glaucoma, certain types of cancer, retinal tears, and cardiovascular disease.** There are two ways that our providers can check the health of the retina: The iWellness Retinal Exam or dilation.

The iWellness Retinal Exam includes two scans that capture holistic imaging of the back of the eye. One is a wide field photo of the back of the eye. The second scans the different layers of the retina and ensures there are no abnormalities between each layer. **Scanning and photo documentation allows our providers to monitor and compare progression year to year.** These scans allow for earlier detection of disease than dilation alone; however, dilation may still be medically indicated under certain circumstances.

In addition to the two scans, we will also assess your carotenoid levels. Carotenoids, special nutrients found only in the diet, are essential for eye and body health. The carotenoid scanner takes a 30-second scan of your hand to measure the carotenoid levels in your skin with a safe blue laser. The Skin Carotenoid Score is strongly linked to the amount of macular pigment found in your eyes. Macular pigment is essential for clear vision and protection of the macula from Age-Related Macular Degeneration (AMD)— the most common cause of vision loss in older adults. **The iWellness Retinal Exam is \$65 out-of-pocket.**

Dilation includes a series of eye drops administered to enlarge the pupil and allow the doctor to evaluate the retina in the back of the eye. The dilation process takes approximately 20-30 minutes for the drops to take effect. The dilation drops have side effects, including blurred vision for 6-8 hours and light sensitivity. **Dilation is included in an annual exam and has no additional out-of-pocket expense.**

Our providers recommend the iWellness Retinal Exam be completed on an annual basis.

Please select ONE of the following options:

- I would like to do the iWellness Retinal Exam, for an additional \$65.
- I would prefer pupil dilation; I am aware that my vision will be blurry, and that my eyes will be light sensitive, for the next 6-8 hours.

I have read, and understand, this document:

Signature: _____ Today's Date: _____ / _____ / _____



INSIGHT EYECARE

Annual Contact Lens Program

At Vision Source Insight Eyecare, we carry the latest in contact lens technology, and specialize in complex contact lenses. This includes:

- Astigmatism-correction (toric) contact lenses
- Multifocal contact lenses
- Corneal disease (i.e., keratoconus) contact lenses
- Post-surgical contact lenses

We are dedicated to your health and an enjoyable contact lens experience; that is why we have the contact lens guarantee program. If you are not happy with your contact lenses, we will buy back any unopened boxes within 90 days of your initial evaluation.

A **Contact Lens Evaluation Fee** is necessary to renew the current contact lens prescription and monitor the health of your eyes. The contact lens evaluation includes precise measurements, an analysis of your vision needs, and recommendations specifically tailored towards you. The evaluation also includes diagnostic contact lenses, to ensure the proper fit of the lenses and good ocular health. The fee will cover the initial evaluation and all contact lens related follow-up visits, **for a period of 90 days.**

Contact Lens Evaluation Fees range in price, based on the complexity of your prescription and eyes. Most vision insurances provide a 10-15% discount off the Contact Lens Evaluation Fee. Insurance providers consider contact lenses to be elective; therefore, the Contact Lens Evaluation Fee is not included under the annual comprehensive eye exam coverage.

Contact Lens Evaluation Fees

- **Soft Standard Spherical** Contact Lens Evaluation.....\$90
- **Soft Premium Spherical** Contact Lens Evaluation.....\$100
- **Soft Multifocal/Monovision/Toric** Contact Lens Evaluation.....\$130
- **Soft Toric Multifocal/Monovision** Contact Lens Evaluation.....\$150

Specialty Contact Lens Evaluation Fees

- **RGP Specialty** Contact Lens Evaluation.....\$150-\$400
- **Scleral Specialty** Contact Lens Evaluation.....\$500-\$1000
- **CRT/Ortho-K Specialty** Contact Lens Evaluation.....\$300-\$2000

I have read, understand, and agree to the annual contact lens program policies stated above.

Signature: _____

Today's Date: ____ / ____ / _____