



**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Changes—in personal information:

Changes—in medications or health history:

### **DIAGNOSTIC ISSUES**

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

Do you have more than 1 pair of current prescription glasses?  No  Yes

Do you work on a computer?  No  Yes

If yes, how many hours a day? \_\_\_\_\_

If you wear glasses, would you benefit from thinner, lighter lenses?  No  Yes

Do you spend a lot of time outdoors?  No  Yes

If you wear bifocals, are you bothered by restricted windows, lines, or head tilting?  No  Yes

Are there times you'd rather not wear glasses?  No  Yes

Do you wear contact lenses?  No  Yes

Are you interested in a "test drive" of the latest contact lens designs?  No  Yes

Laser vision correction is a common choice to reduce and/or eliminate the need for glasses or contacts; do you desire information regarding laser vision correction, and/or a free evaluation regarding your candidacy?  No  Yes

### **DO YOU EXPERIENCE...**

Any discomfort with your eyes?  No  Yes

Problems with glare or reflection?  No  Yes

Sensitivity to sunlight?  No  Yes

Headaches?  No  Yes

Tired eyes when reading?  No  Yes

Floaters and/or flashes of light?  No  Yes

Uncomfortable glasses?  No  Yes



We pride ourselves on providing our patients with the best possible standard of care. **We now perform the iWellness Retinal Exam on all our patients during each annual eye exam.** The iWellness Retinal Exam allows our doctors to capture images of the back of your eye, where potential vision threatening diseases can be found—including **diabetes, glaucoma, certain types of cancer, retinal tears, and cardiovascular disease.**

**You will NOT need to be dilated after the iWellness is captured.**

As part of your examination work up, we will capture high resolution digital retinal imaging for review with the doctors during your examination today. **There is a \$58 co-pay for the iWellness Retinal Exam, that is not covered by your vision insurance company.** Any questions you have about the iWellness Retinal Exam can be directed to your doctor, when they review the images with you during your exam.

- I would like to do the iWellness Retinal Exam, so that the doctor can thoroughly examine my eye health.

**\*\* Due to COVID-19, and our attempt to minimize patients' time in the office, we are not offering dilation. Please speak with a staff member with any concerns regarding the \$58 co-pay for the iWellness Retinal Exam. \*\***

I have read, and understand, this document:

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_



### Annual Contact Lens Program

At Vision Source Insight Eyecare, we carry the latest in contact lens technology, and specialize in the most complex contact lenses. This includes astigmatism-correction (toric) lenses, multifocal lenses, corneal disease (i.e., keratoconus) lenses, and post-surgical contact lenses. We are dedicated to your health and an enjoyable, comfortable 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 fee is not included in the comprehensive eye examination. 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 **New Patient Contact Lens Evaluation Fee** will range in price, depending on the complexity of the fit:

- **Standard** Contact Lens Evaluation (Soft Spherical Daily Wear).....\$88
- **Premium** Contact Lens Evaluation (Toric, Extended Wear, Multifocal).....\$117-\$148

A **Contact Lens Evaluation, or Re-Evaluation**, is necessary on an annual basis. This fee is in addition to the comprehensive eye examination fee. The fee will cover the initial evaluation and all contact lens related follow-up visits, for a period of 90 days. If necessary, it will also include the cost of any additional contact lens training classes.

- **Standard** Contact Lens Evaluation (Soft Spherical Daily Wear).....\$72
- **Premium** Contact Lens Evaluation (Toric, Extended Wear, Multifocal).....\$88-\$128

*NOTE: These prices do not include Gas Permeable, Rigid Gas Permeable, Medically Necessary, or Ortho K Overnight Contact lenses. Please contact our billing department, for further information regarding specialty contact lenses.*

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

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_