Dr. Douglas Kelley

Retinal Photography and Optical Coherence Tomography Consent Form

Healthy vision is an amazing gift. Imagine what it would be like to lose your vision and the devastating impact it would have on your life. Many eye diseases can rob you of your sight. Fortunately, most cases of severe vision loss and blindness can be prevented with early detection, and today there are options available to help doctors identify disease early.

Two new highly sophisticated, computerized assisted digital tests are available in our office that enable us to provide a very detailed retinal analysis of your eyes. Retinal photography and OCT can document and record retinal problems, optic nerve disease, suspicious lesions, macular degeneration, high blood pressure, effects of diabetes, etc.

The process is painless because nothing touches the eyes. The photos will be kept in your files and will last many years. The digital image file will also be stored on our computer system indefinitely. We can provide copies of these photos for your medical specialist if referral is indicated.

Dr. Kelley highly recommends all our patients to have these procedures to establish a reference base on your ocular health before problems develop. Patients with certain conditions such as diabetes, high blood pressure, macular degeneration, migraine headaches, floaters, flashing lights and high prescriptions are strongly recommended to have these tests taken. Baseline testing is not covered by any insurance, including Medicare.

Since we feel that baseline testing can be a great benefit to our patients, our charge will be $49.00 for retinal photography and OCT (scanning of the retina) or if you chose just photography, the charge would be $25.00. Please indicate your preference by checking the appropriate response and your signature at the bottom of the form.

YES _____ I do want the retinal photography and scanning for $49.00
                                OR
YES _____ I do want just the photography for $25.00
                                OR
NO_____ I decline to have these tests at this time

Signature _____ Date _____