

State-of-the-art OCT Screening now available

Advanced Eye Institute is proud to provide our patients with the most highly advanced technology available in retinal screening today! Our ability to view your internal retinal health is now dramatically improved with Ocular Coherence Tomography (OCT). OCT is an extremely advanced health check for people of all ages. Very similar to Ultrasound, but OCT uses light rather than sound waves to illustrate the different layers that make up the back of your eye. Using this state-of-the-art technology, we are able to take a 3 dimensional cross sectional scan of your eye to cross reference areas of concern. The OCT is a huge step forward in the provision of comprehensive eye care. It's completely painless and allows us to instantly diagnose much earlier than normally possible, common and not-so-common conditions.

We are concerned about retinal problems such as macular degeneration, glaucoma, retinal holes or detachments, and also systemic diseases such as diabetes, heart disease, high blood pressure and cancer (all of which can lead to partial loss of vision or blindness). These conditions may develop without warning and progress with no symptoms.

Your vision insurance plan does not cover the cost of advanced diagnostic technology such as the OCT. However, Dr. Chiasson and Dr. Hickman would like for all their patients to have an OCT screening at each annual eye exam. The additional fee for these state-of-the-art screenings is only \$20.00.

In some cases, we may want to document a known medical condition with an OCT and written report. The fee for this type of OCT is \$65.00 and may, in most cases be covered by your major medical insurance. This will be discussed with you if it applies.

I elect to have an OCT screening of my retina. I understand that my vision insurance will not pay for these optional screenings.

Patient Signature: _____ Date: _____

If you decline the OCT screening exam you may be limiting our ability to perform the most extensive analysis of your retinal health and document it in a matter which is most consistent and reliable.

I decline the OCT Screening

Patient Signature: _____ Date: _____



Image of a healthy eye

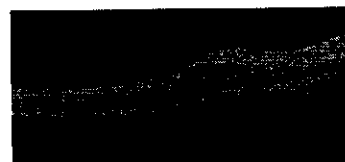


Image of an eye with diabetic retinopathy