

**CHERRY CREEK EYE PHYSICIANS AND SURGEONS, P.C.**

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**OPTOMAP RETINAL EXAM**

Visualization of the retina (ophthalmoscopy) is an important part of a comprehensive eye exam. Traditionally, this part of the exam is done after eye drops are instilled to dilate the pupils. The doctors at Cherry Creek Eye Physicians and Surgeons now have the Optomap, a valuable diagnostic tool that allows us to more thoroughly evaluate your retina. Specifically, we are now able to obtain ultra-widefield (82% and 200 degrees of the retina), high resolution digital images that can be manipulated to provide more clinical information. This in turn facilitates early detection, management and effective treatment of a number of disorders of the retina.

The Optomap provides:

- An in-depth view of the retinal layers including red-free, green-free and auto-fluorescence images and the ability to magnify those images
- The ability to review your retinal images with the doctor
- A permanent record in your medical file that can be used to track findings over time
- A map that can be obtained in many cases without dilation of the pupils

We are so convinced that the Optomap adds significant information to our examination that we are planning to use it routinely as a diagnostic tool. If retinal problems are found, we are able to bill your medical insurance for the images taken. If no medical problems are noted or for patients with vision only (not medical) insurance, there will be an additional \$39.00 out-of-pocket charge. You do have the option to opt out of this new approach by declining to have this technology used.

The main areas that commonly are evaluated include macular degeneration, glaucoma, retinal holes or cysts, melanoma and other tumors. Systemic disorders such as diabetes, toxic reactions to medications, hypertension and other vascular abnormalities can also be detected more easily. Again, we are primarily interested in early detection and treatment of any condition that could lead to loss of vision.

\_\_\_ I accept having the Optomap retinal examination performed

\_\_\_ I decline having the Optomap retinal examination performed

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**Patient Signature**

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**Date**