

Patient ID _____

Appt Time: _____ Completed: _____ Initials _____

Welcome to Lake Ridge Vision Source!

Patient's Name: _____ F M Appt with: **Dr. Conness / Dr. Jablonski / Dr. Faiq**

Date of birth: _____ Age: _____ Date: _____

New Pt or Last Exam: _____ Reason for Visit: **Comprehensive Exam/Contact Exam/Medical Exam**

Email: _____ Communication preference: Email, Phone Call, Text

Who Can We Thank for Referring You? _____

VISION PLAN: VSP, EYEMED, DAVIS VISION, SPECTERA S _____ SSN _____

Primary Medical Ins: Medicare, BCBS Care-first BCBS, Aetna, Cigna, UHC, Tricare Prime Tricare Select
 SELF PAY Other: _____ COB NO COB Referral Required Deductible _____

Policy Holder Name: _____ **Policy Holder DOB:** _____

Secondary Medical Ins: Medicare, BCBS, Aetna, Cigna, UHC, Tricare Prime / Select / 4-Life Other: _____

Do you have difficulty?

- Seeing clearly at a distance?
- Focusing at a close range?
- Watching TV? Reading?
- Night Vision?
- Computer Range?

Family History:

- Glaucoma
- Cataracts
- Hypertension
- Diabetes
- Macular Degen.
- Keratoconus
- Cholesterol
- Retina Detachment

Do you currently experience?

- Blurry Vision
- Tearing
- Flash of light
- Loss of Vision
- Foreign body sensation
- Floater/Spots If so, how long? _____
- Burning
- Headaches
- Dry Eyes
- Discharge
- Sunlight sensitivity
- Eye Pain
- Double Vision
- Itchiness
- Eye Fatigue

Medical History:

Do you have any medical problems? NO ___ YES ___ If yes please list

(i.e. Diabetes, Cholesterol, Hypertension, Thyroid Disease, Glaucoma, Macular Degeneration, Amblyopia {Lazy Eye} Other:)

If diabetic please provide your latest A1C level _____

Do you currently wear?

- Glasses? Reading glasses?
- Prescription sunglasses?
- Contact lenses? Unaided

Are you interested in trying contact lenses?

No Yes maybe

Are you interested in Lasik?

No Yes maybe

Have you had Lasik, if so when/Where?

Do you use tobacco products?

No Yes Quit If quit, how long ago? _____

BACK PAGE 

OFFICE USE ONLY

Prescreener: _____ EW Tech: _____ Completed: _____

Optos Dilation Drops None iWellness

Notes:

Blood Pressure: _____ / _____ Pulse: _____

Comp. Refraction Medical Exam S-CODE 99xxx No Charge

CL Exam N/E: Sph Toric MF RGP Scleral

Glasses: NONE SV Bifocal PAL SUN Computer RX

AR BlueShield Polarized Transition High Index 2nd Pair

Contacts: Disp'd trials Annual Supply Order trials

Print Glasses Rx Print CL Rx Other _____

RTO _____ days/weeks/months: CL CL@DISP

OCT VF ERG DIL IOP OV/FU Dry Eye Work-up **MIBO 1, 2, 3, 4, 5**

Plugs DX Code: _____ **Additional Testing -BILLED TODAY:**

OCT - Optic Nerve Macula VF Anterior Segment Fundus

Dilation

Dilating ones pupils on a yearly basis is a very important part of your preventative eye care. By performing a method of dilation, the doctor can get a much better view of your retina, optic nerve and vessels in the back of the eye to make sure there are no signs of damage or disease.

Dilation Drops: The dilation drops are included in the cost of your exam. In summary, the doctor must put eye drops into your eyes and wait roughly 10-15 minutes **before** seeing you again while the drops take effect (*side effects may occur) ***Circumstance where dilation may be recommended: flashes, floaters, diabetes, and cataract surgery.**

*With the Dilation Drops, possible side effects may occur. These side effects may include nausea, drowsiness, sensitivity to light, headaches, and lightheadedness (possibly fainting). While dilated, you will not be able to see clearly up-close for reading and computer use for approximately 3-5 hours, and in some cases longer. Those that opt for Dilation Drops will need to exercise caution while driving or operating machinery as vision will be impaired.

OptoMap Retinal Imaging: The OptoMap Retinal Photo is a quick and efficient way of allowing your doctor to view the majority of your retina without using drops or having to wait an extended period of time. A thorough screening of the retina is recommended and can lead to early detection of common disease such as **Glaucoma, Diabetes, High blood pressure, Macular degeneration, bleeding in the retina and even Cancer.** The cost for this service is **\$39.00.** If you and a family member both decide to have the OptoMap during your visit on the same day, the additional OptoMap is only \$20.00 for the other family member(s). **(Must be same day No Exceptions)**

Dilation Drops

vs.

OptoMap Retinal Imaging

1. Blurred near vision for 2-4 hours or more
2. Light sensitivity for 2-4 hours or more
3. Longer overall time for exam while drops take effect
4. No permanent record of retina
5. Covered by Insurance

1. NO Drops required
2. NO light sensitivity/No Blurry Vision
3. Photo takes less than 2 minutes to take
4. Permanent digital image of the retina
5. NOT covered by Insurance

_____ I opt to have Dilation Drops

_____ I opt to have Optomap Retina Imaging

_____ I opt out of both dilation options today

_____ Patient/Guardian Signature

Refraction Policy: MEDICARE & MEDICAL EXAMS ONLY

Lake Ridge Vision Source is contracted with only certain vision plans for a Routine Eye Exam. Routine eye exams are defined as a "regular check-up" for patients in need of glasses/contacts. **If the chief complaint or primary reason for today's visit is, dry eyes, diabetes, floaters, cataracts, burning, or itching of the eye, (etc) may result in a MEDICAL EXAM.**

Only Initial if having a MEDICAL eye exam, self-pay, or have Medicare as primary Insurance

_____ 1. All medical insurance plans, including MEDICARE, do not cover the refraction fee. If your examination includes a refraction, and your insurance does not cover this, there will be a **\$55.00** charge.

_____ 2. **Refraction** is the measurement of the lens power necessary to prescribe or change your glasses and/or other corrective lenses. A contact prescription CANNOT be given without a current glasses prescription. Refraction may also be done for diagnostic purposes