



New Vision Optometry // Existing Patient Form

Name: _____ Date: _____

Welcome back to our office! Since your last visit, please list any changes to your information including change in address, phone number, insurance, or MEDICAL history etc.

OPTOMAP retinal scan

As an existing patient, you are likely aware that we offer an OPTOMAP retinal scan to **eliminate** the need for dilation. This allows our doctors to perform a comprehensive health check of the eyes to diagnose diseases such as glaucoma, macular degeneration, diabetic retinopathy, retinal detachments, etc. Our doctors **required dilation OR Optomap** annually so we can ensure you are not developing early signs of eye diseases.

Please check **ONE** option below:

_____ OPTION 1: Optomap. \$39.00 fee. Doctor recommended choice.
No drops, no side effects, only takes a few minutes.

_____ OPTION 2: Dilation. I agree to Dilation and understand the side effects. I will be light sensitive
sensitive and have blurry near vision for 4-6 hours. This will add ~30 mins to my exam.

_____ Signature _____ Date

Fill out this section ONLY if you wear contact lenses (to the best of your knowledge)

Brand: _____ How do you like your contacts? Desired changes?
How often do you replace? _____
Type of cleaning solution? _____

Contact lenses are FDA class 1 medical devices that have the potential for serious complications. For that reason, the standard of care and the requirements of the California State Board of Optometry require an annual examination for renewal of a contact lens prescription. The doctors at New Vision Optometry work with you to ensure that your eyes remain safe and healthy to wear contact lenses. **There is an annual contact lens fitting or evaluation fee that range from \$75 (basic) - \$125 (complex). With most insurances, this fee is reduced to a small copay.** By signing, I acknowledge that I understand the policies regarding the contact lens health evaluation and agree to the associated fees.

Signature: _____