

Eye Health Checkup Option Selection

Please choose one of the following options regarding your eye health checkup:

1. **I Care About My Vision: Time for the Best Eye Health Check**

I would like to receive the most comprehensive eye health checkup, which includes **dilation and retinal screenings** as recommended for my age. I understand that these screenings are essential for detecting potential eye conditions, including those that may not have visible symptoms yet. These can include vision threatening problems.

Initials _____

2. **Next Best Eye Health Check**

I'd like the next best eye checkup, including either dilation or retinal screenings as recommended for my age. I understand this may be less thorough, but still valuable, and that dilation may still be required based on the findings.

RETINAL SCREENINGS or DILATION

Please circle one option above and Initials _____

3. **Waive Eye Health Screenings**

I am not concerned about my eye health and agree to waive both dilation and retinal screenings despite the doctor's recommendation. I acknowledge the risks, including the potential for undetected vision-threatening conditions.

Initials _____

Signature: _____

Date: _____

Retinal Screening Ages	Screening Cost (\$)
40+ or with risk factors	\$ 40.00
Under 40 with no risk factors	\$ 25.00
All ages (Dilation)	No charge