



Madeira Optical

RETURNING PATIENT UPDATE

(Please Print)

RETURNING PATIENT INFORMATION

Patient's Last Name	First	Middle	Today's Date / /
Street Address			Home Phone No.

- The above contact information is correct and my contact information has not changed
 The above information is incorrect, I will update this information in the gray box 1 below

INSURANCE INFORMATION

PLEASE PRESENT INSURANCE CARD AT THE RECEPTION DESK

Primary Insurance Co.	Policy #
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- The above insurance information is correct and my insurance information has not changed
 The above information is incorrect, I will update this information in gray box 2 below

VISUAL EXPERIENCE *(please check all that apply)*

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Blur - Distance | <input type="checkbox"/> Eye Redness | <input type="checkbox"/> Burning Sensation | <input type="checkbox"/> Eye Itching |
| <input type="checkbox"/> Blur - Near | <input type="checkbox"/> Dry Eye | <input type="checkbox"/> Tearing or Watery Eyes | <input type="checkbox"/> Loss of Side Vision |
| <input type="checkbox"/> Blur - Mid/Computer | <input type="checkbox"/> Difficulty Seeing at Night | <input type="checkbox"/> Headaches | <input type="checkbox"/> Double Vision |
| <input type="checkbox"/> Eye Pain | <input type="checkbox"/> Light Sensitivity | <input type="checkbox"/> Eye Strain | <input type="checkbox"/> Glare Sensitivity |
| <input type="checkbox"/> Halos | <input type="checkbox"/> Floating Spots in Vision | <input type="checkbox"/> Flashes of Light | <input type="checkbox"/> Sensitivity to Artificial Light |

VISUAL DEMANDS *(please check all activities that you engage in while wearing eyewear)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Computer Work _____ Hours | <input type="checkbox"/> Sports Activities | <input type="checkbox"/> Outdoor Activities |
| <input type="checkbox"/> Detailed Reading _____ Hours | <input type="checkbox"/> Occupational Driving _____ Hrs | <input type="checkbox"/> Work in Safety Environment |

CONTACT LENSES *(please check if applicable)*

My current contacts are comfortable Yes No | I would like to try contact lenses Yes No

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I have read and understand the privacy policy I signed on my first visit. I understand that this policy is available for review. I understand that I am financially responsible for any balance. I also authorize Madeira Optical and my insurance company to release any information required to process my claims.

X

PATIENT/GUARDIAN SIGNATURE

DATE

1. PATIENT'S NEW CONTACT INFORMATION

Street Address	City	State	ZIP Code	Home Phone No.
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2. PATIENT'S NEW INSURANCE PLAN

PLEASE PRESENT INSURANCE CARD AT THE RECEPTION DESK

Insured's Name	Insured's S.S. #	Birth Date / /	Primary Insurance Co.	Policy #
Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				

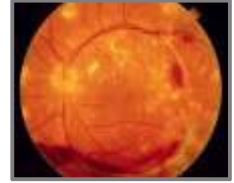
Digital Retinal Image Screening

As part of your eye exam, we recommend a valuable diagnostic called Digital Retinal Image Screening. The doctor is concerned about retinal problems including Macular Degeneration and Glaucoma, as well as systemic diseases such as Diabetes, Stroke and High Blood Pressure. These conditions can lead to partial vision loss or blindness, and often can develop without warning and can progress without symptoms. Your digital image screening provides:

- High resolution baseline images of your retina, macula, optic nerve and blood vessels.
- A permanent record that is very valuable in assessing the health of your eyes and tracking any year over year changes in your eyes.
- The ability to view your digital image during your examination.



Healthy Eye



Diseased Eye

Retinal Image Screening is painless and is comparable to taking an annual baseline dental x-ray. Retinal images are especially important for those who have a personal or family history of ***Glaucoma, Diabetes, High Blood Pressure, Retinal problems or a high prescription.*** In addition to annual screenings, doctors may order medical retinal images as a component of the diagnosis and treatment of eye diseases, which may be covered by insurance.

The professional fee is **\$25** for screening images of both eyes due at the time of service. Most managed care plans do not cover this advanced screening option. Ask your doctors for details.

YES, I ELECT baseline a retinal screening and digital images added to my medical records.

NO, I DECLINE retinal image screening. The doctor may request images as part of a medical diagnosis.