FashionEye CENTER

Welcome to Our Office

Patient Information

DATE (Today) _____ /_____ /_____

Last Name _____

First _____ MI _____

Street _____

City _____ State _____ Zip Code _____

Date of Birth (Patient)_____ /_____ /_____ Age _____

Sex M | F

Home Phone ( )_____-_____

Cell Phone ( )_____-_____ OK to text? Y / N

E-mail Address _____

If under 18, Guarantor

_____

Guarantor SSN _____

Employer (or School) _____

Occupation (or Grade) _____

What is the major purpose of this visit?

_____

_____

Vision Insurance _____

Subscriber Name _____

Subscriber ID _____

Subscriber Birth Date _____ /_____ /_____

optomap®
Retinal Exam

Advanced Testing Offered

In our continued efforts to bring the most advanced technology to our patients, we are proud to announce the inclusion of the Optos Daytona Retinal Exam as an integral part of your exam today.

Our doctors are invested in the early diagnosis of conditions such as: macular degeneration, glaucoma, retina holes or detachments, and systemic diseases such as diabetes, stroke and high blood pressure. These conditions can lead to serious ocular or health problems, including partial loss of vision or blindness, and often develop without warning and progress with no symptoms.

Optos Retinal Exam Benefits:

- An in-depth view of the retinal layers where diseases can start.
- Provides an Optos digital image at the time of your exam to discuss and answer questions about your eye health.
- This also provides an annual, permanent record on your medical file, which gives doctors comparisons for tracking and diagnosing potential eye disease.

Optos Retinal Exam	Dilation
No blurry vision	Blurry vision 3-5 hours
No light sensitivity	Light sensitive 4-6 hours
Takes less than two minutes	25 minutes longer exam time
Permanent digital image	No permanent record of retina

Insurance typically does not cover any advanced screening technology beyond the general exam, but it is eligible for flexible spending account reimbursement. Our doctors highly recommend the Optos Retinal Exam for all patients. This will be done as an enhancement to the general eye exam for **a fee of $25.**

Our recommendation is an annual retinal evaluation including Optos Retinal photo; if there are any risk factors detected we will proceed with a dilation to further assess any concerns.

❑ **Accept** Optos Photo ❑ I would prefer to be dilated

Insurance Policy

Fashion Eye Center accepts most insurance plans. In the event we should fail to collect any co-payments from your insurance company, we will bill you the correct amount allowed within your plan.

Vision plans do not cover medical eye care (the diagnosis, management or treatement of current or potential eye health problems).

- It may be necessary for us to bill some services to one plan and some services to the other. We will follow a procedure called “coordination of benefits” to do this properly and to minimize your out-of-pocket expense.
- Your insurance policy is a contract between you and your insurance company. We will attempt to verify your coverage ahead of your appointment. Although we are familiar with most plans, we may not know exactly what your coverage is for a particular product or service. It is your responsibility to understand your plan before your appointment.
- Please provide your insurance cards to our staff member so we can make a copy. We need to have your medical insurance card on file in case we should need to submit a claim on your behalf.

I understand my financial obligations and agree to pay all charges that are not paid by my insurance plan:

Guarantor on Account _____ Date_____ /_____ /_____

Medical History

Have you ever been diagnosed or treated for the following health problems?

	Yes	No
Allergies	❑	❑
High Blood Pressure	❑	❑
High Cholesterol	❑	❑
Unusual weight losses/gains	❑	❑
Diabetes/Endocrine	❑	❑
Thyroid	❑	❑
Digestive	❑	❑
Genitourinary	❑	❑
Kidney	❑	❑
Ears/Nose/Throat	❑	❑
Blood/Lymph	❑	❑
Immunologic	❑	❑
Skin/ Eczema/Rashes	❑	❑
Arthritis	❑	❑
Neurological	❑	❑
Psychological	❑	❑
Respiratory	❑	❑
Cancer	❑	❑

Have you recently experienced, been diagnosed or treated for any of the following?

- ❑ Blurry vision
- ❑ Burning
- ❑ Occasional dryness
- ❑ Tearing
- ❑ Double vision
- ❑ Flashes of light
- ❑ Floaters/Spots
- ❑ Grittiness
- ❑ Headaches
- ❑ Itchiness
- ❑ Sunlight sensitivity
- ❑ Trouble seeing/driving at night
- ❑ Uncomfortable glasses
- ❑ Cataracts
- ❑ Crossed eye/Eye turn
- ❑ Corneal abrasions
- ❑ Eye infections
- ❑ Eye injury
- ❑ Glaucoma
- ❑ Macular degeneration
- ❑ Retinal detachment
- ❑ Iritis/Uveitis
- ❑ Lazy eye
- ❑ Other eye disorders

Date of Last Eye Exam _____ /_____ /_____

By Whom? _____

Do you wear glasses? (circle) Distance, Near, Bifocal, Progressive

Have you ever tried contact lenses? ❑ Yes ❑ No

Are you interested in trying contact lenses? ❑ Yes ❑ No

Do you currently wear contact lenses? ❑ Yes ❑ No

What kind? _____

Solutions used _____

Are you satisfied with the vision and comfort of your contact lenses? ❑ Yes ❑ No

Would you prefer contacts that do not require daily cleaning? ❑ Yes ❑ No

FashionEye CENTER

Patient History

Family Physician _____

Location _____

Date of Last Physical Check-up _____

Current Medications (Rx or Over the Counter)
(List name of medications including eye drops, vitamins, & birth control pills and what they treat)

_____ _____

_____ _____

_____ _____

_____ _____

Are you nursing/pregnant? ❑ Yes ❑ No

Any allergies to medications? ❑ Yes ❑ No

If so, what medications? _____

_____

Have you had any eye surgeries? ❑ Yes ❑ No

Do you use cigarettes/tobacco,alcohol, or other substances? ❑ Yes ❑ No

Has a blood relative ever been diagnosed with the following?
If yes, what is their relationship to you?

- Blindness ❑_____
- Cataracts at young age ❑_____
- Corneal problems ❑_____
- Diabetes ❑_____
- Glaucoma ❑_____
- Heart disease ❑_____
- Lazy eye ❑_____
- Macular degeneration ❑_____
- Retinal issues ❑_____

Do you..... (check box if your answer is yes)

- ❑ work at a computer?
- ❑ have prescription sun wear?
- ❑ enjoy fishing, boating or skiing?
- ❑ prefer not to wear your glasses at times?
- ❑ have more than 1 pair of current Rx eyewear?
- ❑...have children or other family members needing eye care?

If you wear bifocals, does the visible line bother you? ❑ Yes ❑ No

Orthokeratology is a non-surgical, affordable way to treat nearsightedness and astigmatism. It rids the need for daytime glasses. Would you like to learn more? ❑ Yes ❑ No

Signature On File: I authorize release of any information to my insurance company necessary to process a claim; I authorize payment to be made directly to Fashion Eye Center; I authorize use of this form on all my insurance submissions and permit a copy of this authorization to be used in place of the original; I understand that I am responsible for payment of any charges not paid for by my insurance, including any co-payments not collected at time of order; I understand this office does not in any way guarantee payment for services/eyewear by accepting my insurance plan and that all insurance benefit amounts quoted are estimates received from your insurance company and actual amount due from you may change after insurance claim processing. I have also read, or been offered a copy of our HIPPA Privacy Practices.

X _____ Date _____ /_____ /_____