



TODAY'S VISION

THE ONE TO SEE®

_____ I consent to having an Advanced Retinal Imaging examination. (\$20.00)

(SEE ATTACHED LAMINATED FORM TO LEARN MORE ABOUT RETINAL IMAGING)

_____ I consent to dilation, acknowledge that my vision will be blurred, and decline Advanced Retinal Imaging examination.

_____ I decline both dilation and retinal imaging.

Patient/Guardian Signature _____ Date _____

(for office use only - Waiting)