

# FOR YOUR EYES ONLY

For Your Eyes Only takes great pleasure in offering advanced eye care technology. We recommend two screening tests at your eye health examination. These tests are not usually covered by your insurance plans because they are preventative in nature, but we keep the price as low as possible.

**Digital Retinal Photography (Optos)**. Recommend for all patients annually. **\$39**

This technology combines retinal photography with computerized imaging to allow instant viewing of the retina and optic nerve in great detail. When these images are taken, dilation is usually not required because the images allow us to see far out into the periphery of the eye. This enhanced level of service promotes early diagnosis of abnormal conditions, which could prevent permanent visual loss. An additional benefit of retinal imaging is that we store the pictures and compare them against any changes in the future.

**Antioxidant Testing** **\$15**

The **BioPhotonic Scanner** is a groundbreaking device that measures the antioxidant levels in your skin. This is directly linked to the disease fighting antioxidant levels in your blood and your eyes. It is an important bio-marker for inflammation in the body.

We are committed to improving your health and the best approach is to be proactive. Your general well-being and your eyes are connected. Studies have shown that certain vitamins and carotenoid antioxidants decrease the risk of **macular degeneration and cataracts** (along with cancer, heart disease, stroke, and many other systemic diseases). Knowing your current level of antioxidant protection is the first step to making improvements.

**I wish to have both tests done for \$49 (SAVE \$5)**

I do not wish to have any screening tests

Note: In addition we screen most patients over the age of 50 for optic nerve and macular abnormalities that are not seen on the surface of the eye by the examiner or retinal photography. The optometrist will review these results with you as necessary. If any abnormalities are being monitored or seen we will bill your medical insurance as necessary.

Patient Initials: \_\_\_\_\_

Date: \_\_\_\_\_