Optomap®
Retinal Exam

We all want to protect our gift of sight. That is why it is important to have annual eye health examinations. Annual check-ups not only allow Dr. Mulqueeny to improve the quality of your vision by changing the prescription of your glasses and contact lens, but it also provides the opportunity to determine the overall health of your eye – from the clear window of the eye (cornea) to the very back of the eye (the retina).

Dr. Mulqueeny highly recommends that you have an Optomap® Retinal Exam, a comprehensive method of evaluating, monitoring and helping treat various eye conditions. This previously unavailable medical technology assists Dr. Mulqueeny in viewing the retina to detect early signs of eye disease as well as diabetes, heart disease, hypertension and cancer. In these instances, individuals typically do not experience any pain or outward symptoms.

Another benefit to consider – Optomap® allows you to have your annual eye health exam without having your eyes dilated. If you have ever experienced a long delay in having your eyes return to "normal", have headaches associated with dilation or are light sensitive, this is the option that you have been searching for.

The Optomap® takes just minutes to perform. It is fast, painless and comfortable. It is particularly helpful when you return for your annual exam as it provides a permanent record of the condition of your retina, which will allow Dr. Mulqueeny to compare each year's Optomap® side by side to detect subtle changes. Early detection of retinal disorders is critical to preventing serious progression and loss of vision.

Dr. Mulqueeny strongly believes the Optomap Retinal Exam is an essential part of your comprehensive eye exam and highly recommends it for all patients once a year. If you choose the advanced technology of Optomap instead of dilation, the cost to you is $40.00. Depending on your eye health history, the doctor may be able to submit to your insurance company; however, you will be responsible for any deductible and / or co-pay. Please feel free to discuss the Optomap Retinal Scan with a technician or Dr. Mulqueeny.

I understand the above and choose to:

    ___ **Accept test**

    ___ **Decline test**

_____   _____
         Patient Signature   Date

Quantif **EYE**™

Qualitative Understanding and Nutritional Treatment Intervention for the EYE

Mulqueeny Eye Centers

We continuously strive to provide our patients the very best in eye care services. Recently, we acquired a device that allows us to assess your risk of developing an eye disease called Macular Degeneration. This disease is a leading cause of blindness in adults and there is no adequate treatment; however, it can be managed if caught early. We can now take measures to reduce your risk of developing this disease. The test is a light response test that only takes a few minutes.

Risk Factors *(please check if any of the following apply to you)*

- ❑ **Age**: over 60
- ❑ **Family History** *(please check all that apply)*:
  - ❍ **Macular Degeneration**, ❍ Glaucoma, ❍ Cataract, ❍ High Blood Pressure, ❍ Diabetes, ❍ Heart Disease
- ❑ **I have** *(please check all that apply)*:
  - ❍ **Macular Degeneration**, ❍ Glaucoma, ❍ Cataract, ❍ High Blood Pressure, ❍ Diabetes, ❍ Heart Disease
- ❑ **Female**
- ❑ **Light Eyes, Light Skin**
- ❑ **Sensitive to Light**
- ❑ **Excessive exposure to sun**
- ❑ **Smoker** (check even if you have quit)
- ❑ **Inadequate consumption of green, leafy vegetables**

We strongly recommend that you take this test, so we can determine your risk for Macular Degeneration and develop a base-line measurement that allows us to track any changes that might occur in the future. Since this is a new test, never before available, it is not covered by your insurance; however, the cost to you is minimal, $20.00.

Should you have any questions, please do not hesitate to ask.

I understand my risk factors for Macular Degeneration, listed above, and choose to:

- ❑ **ACCEPT TEST**

- ❑ **DECLINE TEST**

_____
Patient Signature

_____
Date

For Office Use		
Risk Assessment:		
Doctor's Risk Determination		
(circle one)	**High**	**Med**	**Low**
MPOD Score _____ **R/L**		
<.25	**.25 - .45**	**>.45**
Lower Range	**Mid Range**	**Higher Range**