



Vision North

Dr. Paul M. Cangiano

617-227-2010

Patient Consent Form

As part of your eye exam, we recommend a special diagnostic procedure called Digital Retinal Screening. This procedure consists of taking a digital photograph of the back part of your eye (retina). This is not an X-ray or ultrasound procedure and nothing will touch your eye.

This permanent record is invaluable in assessing the health of your eye presently and safeguarding the health of your retina, optic nerve, macula and blood vessels. It will also serve as a baseline for comparison with future visits.

The fee for this additional part of your eye exam is \$29. Digital Retinal Screening is not covered by insurance.

You will be given the opportunity to review your photographs with your doctor. If you would like a color copy, there is an additional fee of \$4.

_____ Yes, I want to have a Digital Retinal Screening performed today.

_____ No, I do not wish to have a Digital Retinal Screening performed today.

Patient Signature: _____

Date: _____