



# EYE APPEAL OPTOMETRY

31843 Rancho California Road  
Suite 100  
Temecula, California 92591  
Phone: 951.587.6500  
Fax: 951.587.6550

---

## RETINAL PHOTO CONSENT FORM

As part of your eye exam, we at Eye Appeal Optometry recommend a special diagnostic procedure called **RETINAL PHOTOS**. This procedure consists of taking a photograph of the back part (retina) of your eye, and is suggested for both adults **and** children.

This permanent record is very valuable in assessing the health of your eye and safeguarding the health of your retina, optic nerve, macula and blood vessels. It will also serve as an initial point with which to compare as we follow your health in subsequent years.

- In most cases, DILATION IS NOT NEEDED, for retinal photos.
- The FEE for this additional part of your eye exam is \$30.00 for both eyes.

\_\_\_\_\_ YES, I consent to retinal photos.

\_\_\_\_\_ NO, I DO NOT consent to retinal photos.

PLEASE DISCUSS ANY ADDITIONAL QUESTIONS YOU MAY HAVE ABOUT PHOTOS WITH THE DOCTOR DURING YOUR EXAM.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_