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Extended Ophthalmoscopy and Retinal Photography

The doctors utilize extended ophthalmoscopy (dilation) and retinal photography to monitor your eye and general health. Dilating your eye allows the doctor to inspect the peripheral retina for the presence of tumors, retinal holes, tears, and detachments, which may not be detected without the dilation. Your pupil will remain dilated for several hours after the procedure, and this can affect your reading and create light sensitivity. These effects usually last approximately 3 to 4 hours but may last longer. If this presents a problem to you, we can reschedule the extended ophthalmoscopy for a more convenient time.

We recommend regular dilation to our patients. Dilation is especially important for people who have:

1. Not been examined by our doctors before.
2. Not been dilated recently.
3. Seen spots or flashes of light.
4. A family or personal history of glaucoma.
5. A family or personal history of diabetes.
6. A family or personal history of high blood pressure.
7. Circulatory or arthritis problems.
8. Headaches.
9. A strong or thick eyeglass prescription.
10. Reached the age of 35 years.

The fee of \$58.00 for this procedure is in addition to the exam fee and may not be covered by insurance. Please consult the receptionist if you have questions concerning fees.

Recent technological advances in digital photography of the retina have improved our ability to screen and monitor your ocular and systemic health. Retinal photography provides an annual permanent record for review at regular intervals and allows the doctor to monitor conditions with improved accuracy.

Insurance may not cover any advanced screening technology beyond the general examination. **The fee for performing retinal photography is \$48.00.** Please consult the receptionist if you have questions.

My signature below denotes that I have read and understand the above document. My signature does not imply that I have or have not accepted either procedure. I will consult the doctor to find out if I am a candidate for either procedure.

Patient's Name _____

Patient's Signature _____ **Date** _____