Dr. James L. Greco OD

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Retinal Photo

Dear Patients, Dr. Greco is offering a Wellness Picture of your Retina that gives him a lot of diagnostic information about the **Health of your Retina, Optic Nerve as well as your Health in general**. The picture takes less than two minutes and there are no side effects or down time. The Retinal Photo is **$39.00,** and it is the **Patient's responsibility**. If anything medically is documented, subsequent picture can be filed to your Major Medical Insurance as long as it is not an HMO. Dr. Greco is encouraging our patients to have this Picture done as it becomes part of your electronic health record (EHR).

YES, I would like the Retinal Picture taken. _____

NO, I would not like the Retinal Picture taken. _____

Pharmacy Information

Name of Pharmacy: _____

Pharmacy Phone Number: _____

Contact Lens Evaluation Agreement

I understand that contact lenses are medical devices that must be fit to my eyes by an optometrist/technician. I understand that there is a professional fee for an annual contact lens evaluation that is based on the type of lens I wear and is in addition to my routine exam fees since there are specific tests performed for contact lens wearer only.

These additional tests are necessary to ensure that my eyes are healthy, that my lenses fit properly, and to ensure I am seeing as well as possible. If I should require or would like to fit into a different contact lens than I am currently wearing, the professional fee will be charged accordingly for the lens.

The amount of this fee is determined by the complexity of the lens type and specialized knowledge needed to fit the lens. contact lenses. **The contact lens evaluation fee could be anywhere from $115 - $180 for soft contact lenses.**

I also understand that I will receive a complimentary pair of lenses and additional follow up care needed within the first 3 months of a contact lens fitting (usually 1-3 visits). **I am aware that this fee may or may not be covered or discounted by my insurance.**

Print Patients Name: _____ Date of Birth: _____

Signature: _____ Date: _____