

## Consent and Privacy Practice

Dr. Alarie and her staff are dedicated to providing you with the best possible vision care. With this goal in mind, she strongly recommends the following test be done yearly for all patients of all ages, in addition to the basic comprehensive eye examination.

### Visual Field Screening Consent:

The visual field screening is a computerized measurement of your field of vision. The test gives the doctor a reading of your visual system from the back of your eye to the back of your brain. Visual field testing can detect diseases such as glaucoma, macular degeneration, retinal detachment, stroke, and brain tumors before they become a threat to your visual health. There is a \$20 charge for this test when done along with a comprehensive eye examination, which will not be covered by your insurance. This test should be done yearly.

- Yes, I want the best in eye care and want the visual field screening test done as a part of my regular eye examination.
- No, I do not want the visual field screening done. I understand that the doctor may miss a disease that could threaten my sight.

---

### Billing Authorization

I am responsible for charges accrued, if there is no insurance, or if there are charges not covered in full by the insurance. I authorize Flushing Optical to bill my insurance for services and material.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or guardian if patient is under 18)

### How will you be paying for your portion of today's services?

Cash     Check     Credit Card     Health Savings Account

---

Please take a moment to read and sign this section and note that a copy of our "Privacy Practice" is available on our website or at our front desk.

I acknowledge that I have been offered a copy of Dr. Alarie's and Flushing Optical notice of Privacy Practices.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

If you are signing as a personal representative of the patient, describe your relationship to the patient.

Relationship to Patient \_\_\_\_\_

Print Name \_\_\_\_\_

## **Annual Eye Health Exam Reminder**

Eye examinations are an important part of health maintenance for everyone. Adults should have their eyes tested to keep their prescriptions current and to check for early signs of eye disease. For children, eye exams can play an important role in normal development and learning. This is why we suggest an annual eye health exam to help you maintain healthy and comfortable vision. Please select from the two options provided which best suits your needs.

**Pre-Appointment**  Please Initial

**Please set up my annual eye health exam today.**

A reminder card will be sent 30 days prior to your appointment asking you to confirm your appointment.

**Appointment Reminder**  Please Initial

**Please send me a reminder card that it is time  
to schedule my annual eye health exam.**