

A FEW THINGS WE HAVE TO KNOW ABOUT YOU!

Full name as it appears on your insurance card _____ DOB _____

Address _____

Please give us two Phone numbers for you. Circle the one where you can be most easily reached.

Cell _____ Home _____ Work _____

Email Address _____ SSN _____ Marital status M / S

Employer / occupation _____ Preferred method of reaching you Phone / Text / Email

SOME OTHER THINGS WE WOULD LIKE TO KNOW ABOUT YOU!

For glasses wearers

Are there occasional activities during which you would like to wear contacts? Yes No

For contact lens wearers

Do you have glasses to be worn over your contacts for the computer or other special use? Yes No

Are there times when you would like to change the color of your eyes? Yes No

Retinal Wellness Screening

At Nashville Eye Group, part of our mission is to incorporate advanced technology into your eye exam to provide a more thorough preventative screening for diseases such as glaucoma, macular degeneration, high blood pressure, cancer and diabetic retinopathy. Our **Retinal Wellness Screening** includes “**Optomap® Digital Retinal Imaging**” and a “**iWellnessExam SD-OCT Retinal Scan.**” This screening captures precise images of your retinas, giving your doctor the ability to diagnose sight-threatening disease in its early stages, when it is most treatable. The doctors strongly recommend these scans as part of all comprehensive and routine exams. To learn more, ask our staff for an informational flier.

The Retinal Wellness Screening fee is \$45. Initial below to indicate your selection.

_____ **Yes, I would like the Retinal Wellness Screening (\$45)**

Includes Optomap® Digital Retinal Imaging and iWellnessExam SD-OCT Retinal Scan

_____ **I prefer the basic eye exam technology**