

# Dr. Hernandez Optometry

15330 Amar Road Suite A  
La Puente CA 91744  
(626) 961-0432  
Fax (626) 333-7741

1235 Buena Vista  
Duarte CA 91010  
(626) 359-8145  
Fax (626) 359-4116

## Digital Retinal Photography Consent Form

**Patient's Name:** \_\_\_\_\_

Digital Retinal Photography is a simple & painless procedure that captures an image of the retina to better examine the health of your eyes. Dr. Hernandez & Dr. Fragoso-Corona highly recommend digital imaging as part of your routine eye exam. The images captured assist Doctors in early detection of possible eye diseases. This is especially important for patients with health conditions such as Hypertension, Diabetes, High Cholesterol, or Glaucoma. The Doctor will review the images with the patient in the exam room and they will be used to monitor changes from year to year.

***This procedure is not currently covered by vision insurance plans. The cost for this valuable and informative test is \$15.00.*** We encourage you to take advantage of this advanced technology and its long term benefits. **Please let us know your preference by checking one box below:**

- Yes, please perform Digital Retinal Imaging. I am aware I am responsible for the cost of this procedure.
- No, I do not wish to have Digital Retinal Imaging done at this time.

\_\_\_\_\_  
**Patient/Guardian Signature**

\_\_\_\_\_  
**Date**

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## Patient Financial Responsibility

I, \_\_\_\_\_, authorize Dr. Hernandez Optometry to bill my insurance on my behalf for vision services rendered. I also assign my benefits and request that all payments from my insurance be made directly to Dr. Hernandez Optometry. I agree to assume responsibility for full payment pending any remaining balance that is not covered by my insurance plan.

I certify that the information I have reported with regard to my coverage is correct. I further authorize Dr. Hernandez Optometry to release and its agents any information related to this or any related claims.

\_\_\_\_\_  
**Member's Signature/Guardian**

\_\_\_\_\_  
**Date**