

Broadway Vision Source

A Member of



About Retinal Imaging (Optomap) vs. Pupillary Dilation

Evaluation of the inside of your eyes to evaluate your retina is an essential part of every comprehensive eye examination. Pupillary dilation has been the conventional method of enabling the doctor to properly perform this. Broadway Vision Source offers an alternative method of retinal evaluation by digitally imaging the retina with an instrument called Optomap.

This is a chart that explains the differences between pupillary dilation and Optomap

	Pupillary Dilation	Optomap
Allows the doctor to thoroughly examine the integrity and health of the retina	Yes	Yes
Involves instillation of dilating eye drops which takes about 20 minutes to take effect and lasts approximately 6-8 hours. Side effects include: 1. Blurry vision, especially on close-up tasks 2. Light sensitivity (we will provide you with temporary sunglasses) 3. Mild stinging upon instillation	Yes	No
Provides photodocumentation and secure storage of image data. Enables the doctor to share and demonstrate side by side comparisons over time. It also permits sharing of the image(s) with other clinics if necessary.	No	Yes
Enables the doctor to personally review and demonstrate your retinal findings during your exam.	No	Yes
Cost	No Additional Cost	\$37 (In certain cases, covered by insurance).

About Optovue Optical Coherence Tomography (only for patients 45 years and older)

Retinal imaging for those who are 45 years old and up involves an additional retinal imaging resource called Optical Coherence Tomography (OCT). OCT imaging provides a very high resolution, cross sectional scan of selected areas of the retina which enables your doctor to detect early changes which may indicate retinal diseases such as macular degeneration, and glaucoma. The cost of OCT is an additional \$10, for a total retinal imaging fee of \$37 + \$10 = **\$47**

Please indicate whether or not you would like us to utilize Optomap and Optovue OCT for your examination by checking the appropriate item below. If you have any questions or concerns regarding this, you may leave this blank and discuss it with the optometric assistant or doctor during your exam.

_____ I elect to have Optomap and Optovue imaging

_____ I prefer pupil dilation

Thank you!