CONSENT FORM

Dear Resident/Family Member,

We are pleased to announce that **Advanced Surgical Mobile Eye Care** is providing professional eye care services, on-site, to our residents. Benefits of these services include:

- ➢ Comprehensive and problem-oriented eye exams at facility
- ➢ Testing for high risk conditions such as glaucoma, cataracts, diabetes and hypertension
- ➢ Treatment for eye diseases, glaucoma, eye infections, dry eyes and other acute conditions
- ➢ Optometrists and equipment specially geared to the elderly
- ➢ Optical services, including fitting of eyeglasses, frames, lenses and repairs
- ➢ All eyeglasses engraved with the resident's name
- ➢ Coordination with in house or outside Ophthalmologists for further care and follow-up after surgery and other procedures
- ➢ Medicare, Medicaid and participating HMOs are accepted
- ➢ Arrangements for exams and glasses available to private pay residents

It is our belief that optimal vision in the elderly population is critical for maximizing quality of daily life. We hope you share this view and look forward to participating in your loved one's eye health and vision care. Please fill out the form on the bottom of this sheet to notify the facility of your wishes. Thank you.

(   ) YES, I would like eye care services on-site.   (   ) NO, I would not like eye services.

RESIDENT NAME: _____

FACILITY NAME: _____

I authorize eye care services for the above mentioned resident for the following known eye problems/conditions

__ Itching/Burning/Tearing	__Glaucoma	Problems associated with:
__Redness/Discharge	__Cataracts	__Walking Imbalance
__Discomfort/Eye Strain	__Macular Degeneration	__Pt. bumps into things
__Eye Pain/Headaches	__Double Vision	__ Recent Fall
__Pt. sees floaters/flashes	__Blurred Vision	__ Diabetes
__Dryness/Film over Eyes	__Decreased Vision	__ Hypertension
__Reading Difficulties	__Visual Field Loss	__ MS/HIV/Other_____
__Other_____	__Hx of Eye Surgery	__ Prednisone/Plaquenil/Other

Assignment of Benefits and Information Release: I AUTHORIZE the release of any medical information without limitations that is needed for submission to my insurance carrier in order to process a claim or for utilization review or quality assurance activities.   I ASSIGN all medical and/or surgical benefits including government benefits to which I am entitled to Advanced Surgical Mobile Eye Care including all of our individual Optometrists and Ophthalmologists.

X_____   _____   _____
 Resident/Designated Rep/Guardian   Relationship   Date

If there is no specific eye problem, but you wish to have these services, an eye exam can be done on a fee for service basis.