



RETINAL HEALTH SCREENING TESTS

We offer the most advanced technology to help our patients safeguard their eye health. As part of your exam, our doctors recommend a macular pigment optical density (MPOD) measurement and digital retinal photography. Though insurance does not yet pay for these tests, we strongly encourage you to take this opportunity to identify key risk factors for age-related macular degeneration and other serious eye diseases.

MACULAR PIGMENT OPTICAL DENSITY (MPOD) TEST

- Measures the thickness of protective macular pigment in the retina
The denser the pigment, the more protection you have to preserve your vision
- Identifies key risk factor for age-related macular degeneration (AMD)
AMD is the leading cause of vision loss in the U.S.
- Identifies risk of harmful blue light damage
Macular pigment is the eye's natural defense against harmful blue light from sources such as sunlight, energy efficient light bulbs, and digital screens (TVs, computers, tablets, smartphones, etc.)

Recommended for:

Patients \geq 30-years-old

Patients with one or more AMD risk factors:

- Family history of AMD
- Low vegetable intake
- Light-colored eyes and/or skin
- Current/former smoker
- Female

DIGITAL RETINAL PHOTOGRAPHY

- Takes a detailed photo of the retina and optic nerve for instant viewing
Allows you to see what the doctor is seeing in your eye and better understand the findings
- Photo is stored electronically and can be forwarded to you or another doctor whenever needed
Electronic storage of photo allows for comparison of changes in the eye over time
- Facilitates detection of retinal diseases such as AMD, diabetic retinopathy, macular edema, etc.
Helps avoid permanent vision loss that can be caused by these types of diseases
- May eliminate the need for dilation
Can take the place of dilation, unless the doctor feels the need for dilation

Recommended for:

Patients with a personal and/or family history of diabetes, high blood pressure, macular degeneration, glaucoma, and high prescriptions

Yes, I want to take advantage of the: MPOD Test \$20 Digital Retinal Photography \$29

No, I decline these retinal health screening tests

Patient/Guardian Signature: _____ Date: _____