

# EYES ON MAIN

## ACKNOWLEDGEMENT OF COVID-19 PHASE I: REOPENING FOR ROUTINE EXAMINATION

As part of your eye exam an independent doctor of optometry is expected to assess the ocular health and function of your eyes. With the current Phase I reopening of our office for routine care, it is imperative that we still practice social distancing wherever and whenever possible during eye exams. In order to accomplish this, our policy for routine exams will include the use of our Retinal Photography to assess ocular health instead of dilation. Therefore, there is an additional fee for this service per our usual and customary charges and per most insurance carriers. This ensures the safety of our staff, patients, and Dr. Rodgers, promoting social distancing and limiting the amount of time you spend in the exam room. Benefits of a retinal photo are described below.

- May defer dilation for next 1-2 years
- You, the patient, receive an in-depth review of your retina (an extension of neural tissue)
- A permanent record for your medical file that can be used for serial analysis, comparison, and diagnosis
- Fast, easy, comfortable, AND DROP FREE!

Normal Retina:



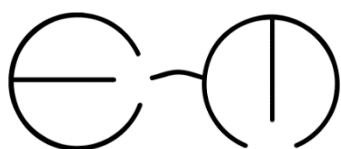
Retinal Melanoma: Asymptomatic, but vision threatening



Note: Pupillary dilation may still be indicated even with a photo of the retina for Dr. Rodgers to obtain a closer look. This procedure may be rescheduled for a later date. Dilation may be performed at Dr. Rodgers' medical discretion.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



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## COVID-19 Questionnaire:

Do you have any of the following symptoms?  
Fever, Sore Throat, Cough, Shortness of Breath?      Yes      No

Have you recently lost your sense of smell or taste?      Yes      No

Do you have any GI symptoms? Diarrhea? Nausea?      Yes      No

Even if you don't currently have any of the above symptoms,  
have you experienced any of these symptoms in the last 14 days?      Yes      No

Have you been in contact with someone who has tested positive  
in the last 14 days?      Yes      No

Have you traveled outside the United States by air or cruise ship  
in the past 14 days?      Yes      No

Have you traveled within the United States by air, bus or train within  
the past 14 days?      Yes      No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Internal Office Use:

Temperature at time of the Exam \_\_\_\_\_

Has there been any changes to the above information per the patient?      Yes      No

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_