



Michael J. Flohr, M.D.
Chad M. Kresnak, O.D.
www.AdvEyecare.net

Hastings (269) 945-3866
Ionia (616) 522-1000
Lowell (616) 897-7000

Our office has acquired some new and highly sophisticated computerized instruments that aid us in providing the best available healthcare for you and your family. Below is an explanation of each of the diagnostic tests now available. If you are interested in these screenings being performed, or have any further questions, please do not hesitate to ask one of Advanced Eyecare Professionals' technicians or your doctor.

Each Screening is \$15.00 and is a non-covered service but we recommend that our patients receive these tests as part of their comprehensive visual analysis.

Visual Field Screening (Recommended 12 years or older) (Available in Hastings, Lowell, & Ionia)

A visual field tests the entire range in which a person can see, including peripheral vision. Visual field testing can assist us in early detection of glaucoma, retinal problems, neurological diseases (such as brain tumors and optic nerve disease), and enable us to better diagnose causes of headaches, migraines, or vertigo. We will print two copies of your visual field, one for you to take home for your own records, and one as a baseline that we will keep in your file.

SIGN HERE IF YOU CHOOSE TO **ACCEPT** THIS SPECIAL DIAGNOSTIC TEST

X _____ DATE _____

SIGN HERE IF YOU CHOOSE TO **DECLINE** THIS SPECIAL DIAGNOSTIC TEST

X _____ DATE _____

Fundus Photo Screening (Photos of the Back of Your Eyes) (Available in Hastings & Ionia)

Fundus Photos are used as a diagnostic procedure to check the eyes for signs of several different diseases including macular degeneration and diabetes. Our camera will take a picture of the back part of both of your eyes. We will print two pictures of the back of your eye, one for you to take home for your own records, and one as a baseline photo that we will keep in your file.

SIGN HERE IF YOU CHOOSE TO **ACCEPT** THIS SPECIAL DIAGNOSTIC TEST

X _____ DATE _____

SIGN HERE IF YOU CHOOSE TO **DECLINE** THIS SPECIAL DIAGNOSTIC TEST

X _____ DATE _____