



## HD ANALYZER TEST

I \_\_\_\_\_ understand that in order to offer the most complete care and allow my physician to formulate a more comprehensive diagnosis, there is a recommendation that I have a high definition scan of my eye. This test is not billable to my insurance and as such will be billed to me. The cost is \$60.00 and includes a scan of each eye as well as the interpretation of the results. It is highly recommended that this test be performed in order to assess your options.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_