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INFORMED CONSENT FOR OPTICAL COHERENCE TOMOGRAPHY (OCT)

WHAT IS OPTICAL COHERENCE TOMOGRAPHY?

Optical Coherence Tomography (OCT) is a non-invasive, advanced imaging technology that uses light waves to take cross-section images of your retina, the light-sensitive tissue lining the back of the eye. With OCT, your eye care provider can see each of the retina's distinctive layers, allowing them to map and measure their thickness. These measurements help with the early detection, diagnosis, and monitoring of a number of eye diseases and conditions.

WHY IS OCT RECOMMENDED?

Your doctor has recommended an OCT scan because it provides critical information about the health of your eyes that cannot be obtained through a standard eye examination alone. OCT is commonly used to evaluate, diagnose, and monitor conditions such as:

- **Glaucoma** — Measures the thickness of the nerve fiber layer to detect early damage
- **Macular Degeneration** — Detects fluid, swelling, or thinning in the macula
- **Diabetic Retinopathy** — Identifies swelling (edema) and leaking blood vessels
- **Macular Holes and Macular Pucker** — Detects structural abnormalities
- **Vitreous Traction** — Identifies pulling on the retina
- **Optic Nerve Disorders** — Evaluates optic nerve head changes

WHAT TO EXPECT DURING THE TEST

The OCT scan is quick, painless, and non-invasive. You will be asked to sit in front of the OCT machine and look at a target (a fixation light or mark). The scan takes approximately 5–10 minutes per eye. No drops, injections, or contact with the eye is required for this test. You may see flashing lights during the scan, which is normal.

RISKS & LIMITATIONS

There are **no known risks** associated with Optical Coherence Tomography. The test uses low-powered light (not laser) and does not cause discomfort. However, please note:

- OCT is a diagnostic screening tool and does not replace a comprehensive eye examination.
- Image quality may be reduced by significant cataracts, dry eyes, or difficulty fixating.
- Results are used in conjunction with other clinical findings to make diagnostic and treatment decisions.

INSURANCE COVERAGE

Please be advised: OCT testing may or may not be covered by your insurance plan. If covered by your medical insurance, a copay and/or deductible may apply. If the test is not covered by your insurance, you will be responsible for the fee. The current fee for OCT testing is **$**_____ per eye. If you have questions about coverage, please ask our staff before the test is performed.

PATIENT CONSENT

I have read and understand the above information regarding Optical Coherence Tomography. I have had the opportunity to ask questions and have received satisfactory answers. I understand the purpose, benefits, and limitations of this test.

☐ **I CONSENT** to the OCT scan as recommended by my eye care provider.

☐ **I DECLINE** the OCT scan. I understand the potential risks of not having this test and accept full responsibility for my decision.

PATIENT NAME (PRINTED)	DATE OF BIRTH
PATIENT / GUARDIAN SIGNATURE	DATE
WITNESS SIGNATURE	DATE