**PERMISSION SLIP**

Dear Resident/Family Member,

We arepleased to announce that **Advanced Surgical Mobile Eye Care**  is providing professional eye care services, on-site, to our residents. Benefits of these services include:

* Comprehensive and problem-oriented eye exams at facility
* Testing for high risk conditions such as glaucoma, cataracts, diabetes and hypertension
* Treatment for eye diseases, glaucoma, eye infections, dry eyes and other acute conditions
* Optometrists and equipment specially geared to the elderly
* Optical services, including fitting of eyeglasses, frames, lenses and repairs
* All eyeglasses engraved with the resident’s name
* Coordination with in house or outside Ophthalmologists for further care and follow-up after surgery and other procedures
* Medicare, Medicaid and participating HMOs are accepted
* Arrangements for exams and glasses available to private pay residents

It is our belief that optimal vision in the elderly population is critical for maximizing quality of daily life. We hope you share this view and look forward to participating in your loved one’s eye health and vision care. Please fill out the form on the bottom of this sheet to notify the facility of your wishes. Thank you.

 ( ) YES, I would like eye care services on-site. ( ) NO, I would not like eye services.

RESIDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACILITY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize eye care services for the above mentioned resident for the following known eye problems/conditions

 \_\_ Itching/Burning/Tearing \_\_Glaucoma Problems associated with:

 \_\_Redness/Discharge \_\_Cataracts \_\_Walking Imbalance

 \_\_Discomfort/Eye Strain \_\_Macular Degeneration \_\_Pt. bumps into things

\_\_Eye Pain/Headaches \_\_Double Vision \_\_ Recent Fall

 \_\_Pt. sees floaters/flashes \_\_Blurred Vision \_\_ Diabetes

 \_\_Dryness/Film over Eyes \_\_Decreased Vision \_\_ Hypertension

 \_\_Reading Difficulties \_\_Visual Field Loss \_\_ MS/HIV/Other\_\_\_\_\_\_\_\_\_\_\_

 \_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Hx of Eye Surgery \_\_ Prednisone/Plaquenil/Other

**Assignment of Benefits and Information Release: I AUTHORIZE the release of any medical information without limitations that is needed for submission to my insurance carrier in order to process a claim or for utilization review or quality assurance activities. I ASSIGN all medical and/or surgical benefits including government benefits to which I am entitled to Advanced Surgical Mobile Eye Care including all of our individual Optometrists and Ophthalmologists.**

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 Resident/Designated Rep/Guardian Relationship Date

If there is no specific eye problem, but you wish to have theseservices, an eye exam can be done on a fee for service basis.