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Doctor of Optometry

I am excited to announce that I have incorporated into my office a new, highly sophisticated, computerized Visual Field Tester. This test is designed to detect many diseases such as brain tumors, glaucoma, aneurysms, retinal and macular degeneration, and retinal disturbances due to vascular problems or medications.

I strongly recommend that all patients over the age of 16 receive this evaluation. This test is especially important for those patients who have a history of high blood pressure, diabetes, headaches, floaters, a high glasses prescription, retinal problems or have a family member who suffers from glaucoma or retinal problems.

This state-of-the art procedure requires an additional 5 to 10 minutes of your time and there is a nominal fee of \$5.

Please check the appropriate space below and sign.

() I would like to receive the Visual Field Test.

() I understand the importance of the Visual Field Test,
but at this time I prefer not to undergo this evaluation.

Signed: _____

Date: _____