Imaging Services

The Imaging Department offers a variety of state-of-the-art ophthalmic imaging services to enhance patient care and provide confirmation of tentative diagnoses or interpretation of images.

We take pride in helping make the patient experience as smooth as possible working in partnership with your practice including:

- Refer your patient and provide the applicable or tentative diagnosis code (ICD-10)
- Specify if you require only the technical component of the imaging and/or testing be performed with results sent to you for interpretation and billing of the professional component of the procedure or
- Request our specialists also conduct the interpretation of the test results providing you with a report of the findings.

Imaging Equipment & Services

Fundus Photography:
- Optos Daytona with Fundus Autofluorescence
- Zeiss Clarus 700 Fundus camera with Wide Field Fluoresce in Angiography

Optical Coherence Tomography:
- Optovue Avanti OCT with OCT AngioVue
- Zeiss Cirrus 5000 OCT with AngioPlex

Topography/Wavefront analysis:
- OPD-Scan III Wavefront Aberrometer
- Medmont Corneal Topographer
- Oculus Pentacam with Corneal Scleral Profiling

Visual Fields:
- Haag-Streit Octopus 900 and 600
- Zeiss Humphrey Visual Field with expanded central testing (SITA faster 24-2C)
- Goldmann Kinetic Perimetry

Dry Eye:
- Johnson and Johnson LipiView
- Meibomian gland imaging with lipid layer and blink assessment

Electrodiagnostic Imaging:
- Diagnosys E3 Electrodiagnostics System
- Visual Evoked Potential (flash and pattern)
- Electroretinograms (full field, pattern, multifocal)
- Electro-oculograms

Other:
- Genetic testing for hereditary retinal diseases
- Aviso Ultrasound: A-scan, B-scan and UBM
- Haag-Streit LenStar Biometry
- Nidek Ocular Response Analyzer
- Zeiss IOL Master

To refer a patient call (888) 327-5533 or visit www.universityeyecenter.org/referrals
Most major insurances accepted, patients responsible for self-pay or non-covered services. Financial Assistance may be available to eligible patients.