OneSight IT Operations

Online Registration

Registration

User Guide

ONESIGHT
EssilorLuxottica Foundation

Overview

This document will go over the process of accessing the online registration page and registering a new patient before clinic.

Access

To access online registration, please navigate to Onesighclinics.org.
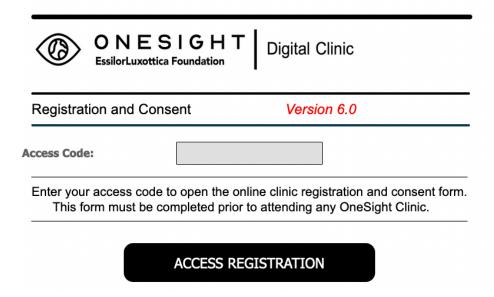

Once you are at the home screen, please click on the tab labelled "Registration" as seen above.

You will now be at the registration screen and will see two yellow buttons. Please select the one in the language you prefer.

Now, you will be brought to the "Registration and Consent" page. There will be a field to enter the access code for your clinic. This code is provided to the School, Group, or Community you are a part of and will need it to move forward. Please type in the access code and click on the blue button at the bottom labelled "Access Registration."

ONESIGHT
EssilorLuxottica Foundation | Digital Clinic

Registration and Consent   *Version 6.0*

Access Code: [   ]

Enter your access code to open the online clinic registration and consent form.
This form must be completed prior to attending any OneSight Clinic.

ACCESS REGISTRATION

Patient Registration and Consent

You will now be on the patient registration and consent form. It is very important that you read this entire document before click on submit.

The first section is labelled "Event Details" and has the following fields.

Clinic Name – The name of the clinic you are registering for.

School Name – The name of the school, group, or community you are a part of.

Appointment Day – Select the day you will be at clinic.

The next section is labelled "Patient Information" and has the following fields.

Patient Last Name – Enter the last name of the patient.

Patient First Name – Enter the first name of the patient.

Patient Birthday – Enter the birth date of the patient.
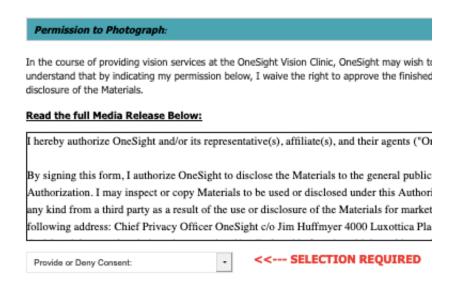
Age – Enter the age of the patient.

Patient Grade – Select what grade the patient is in from the drop down.

PLEASE read the consent to provide care section and select an option from the dropdown seen below.

Consent to Provide Care:

Parent/Guardian/Patient MUST Complete All Sections of This Form and Sign Below for Partic

I give my permission for my child or if I am over 18, myself to receive a free eye exam and glasses, if nee

I. Waiver of Dilated Fundus Exam
The state board of optometry may require a dilated fundus exam as part of an eye examination perform
tumors, infections, hemorrhages and genetic abnormalities. The dilating drops will leave the pupils dilate

Provide or Deny Consent: ▾   **<<--- SELECTION REQUIRED**

From the drop down, you will have the option for "I Give Permission to Perform a Dilated Fundus Exam" or "I DO NOT Give Permission to Perform a Dilated Fundus Exam."

PLEASE read the permission to photograph section and select an option from the dropdown seen below.

Permission to Photograph:

In the course of providing vision services at the OneSight Vision Clinic, OneSight may wish to
understand that by indicating my permission below, I waive the right to approve the finished
disclosure of the Materials.

Read the full Media Release Below:

I hereby authorize OneSight and/or its representative(s), affiliate(s), and their agents ("On

By signing this form, I authorize OneSight to disclose the Materials to the general public
Authorization. I may inspect or copy Materials to be used or disclosed under this Authori
any kind from a third party as a result of the use or disclosure of the Materials for market
following address: Chief Privacy Officer OneSight c/o Jim Huffmyer 4000 Luxottica Pla

Provide or Deny Consent: ▾   **<<--- SELECTION REQUIRED**

From the drop down, you will have the option for "I Understand and agree to the Media Consent" or "I DO NOT agree to the Media Consent."

The next section is labelled "Health History" and will have the following drop downs.

Does the patient or anyone in their family have any history of Diabetes? – Select the option for No, Unknown, Yes (Family), or Yes (Patient).

Does the patient or anyone in their family have any history of Glacoma? – Select the option for No, Unknown, Yes (Family), or Yes (Patient).

Does the patient or anyone in their family have any history of Hypertension? – Select the option for No, Unknown, Yes (Family), or Yes (Patient).

Does the patient or anyone in their family have any history of Macular Degeneration? – Select the option for No, Unknown, Yes (Family), or Yes (Patient).

Does the patient or anyone in their family have any history of Cataracts? – Select the option for No, Unknown, Yes (Family), or Yes (Patient).
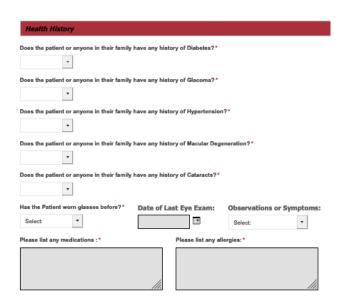
Has the Patient worn glasses before? – Select the option for No Never, Yes (Current), or Yes (Worn Prior).

Date of Last Exam – Select the date of the patient's last eye exam.

Observations or Symptoms – Select any observations or symptoms found in the drop down.

Please List Any Medications – Please type in any medications the patient is currently on.

Please List Any Allergies – Please type in any allergies the patient has.

Health History

Does the patient or anyone in their family have any history of Diabetes? *

Does the patient or anyone in their family have any history of Glacoma? *

Does the patient or anyone in their family have any history of Hypertension? *

Does the patient or anyone in their family have any history of Macular Degeneration? *

Does the patient or anyone in their family have any history of Cataracts? *

Has the Patient worn glasses before? *   Date of Last Eye Exam: Observations or Symptoms:

Select: Select:

Please list any medications : *   Please list any allergies: *

Please sign your name in the box.

Clear

Your Last Name: *   **Your First Name:** *   **Date:** *   **You are:** *

Select ▼

Security code   **Enter code** *

The next section is for the "Electronic Signature." Please sign your name in the empty box by either touching the screen on a phone/tablet or clicking and signing with a mouse if you are on a laptop/desktop. Next you will fill out your last name, first name, current date, and select what you are to the patient in the dropdown. Enter the randomly generated security code into the code field for security purposes and click on the blue button at the bottom labelled "Submit." You will now be registered for the clinic!