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**YOUR APPOINTMENT:**

- A scheduling representative will contact you to schedule your appointment.**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**With Dr.** \_\_\_\_\_

**Location:**  Eye & Ear Institute (Main Office):  
915 Olentangy River Rd. 5<sup>th</sup> Floor  
Columbus, OH 43212

Dublin:  
Dublin, OH 43016  
6435 Post Rd.

Westerville:  
484 County Line Rd. Ste 240  
Westerville, OH 43082

New Albany:  
6100 North Hamilton Road  
2nd Floor, Suite 2B  
Westerville, OH 43081

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**The Ohio State University Wexner Medical Center**  
**Department of Ophthalmology & Visual Sciences**  
**Havener Eye Institute Welcomes You!**

**Advancing ophthalmology through clinical care, research and education**

The Ohio State University Wexner Medical Center Department of Ophthalmology & Visual Sciences provides optimal eye health care with the latest, evidence-based practices and advancements in ophthalmology. From routine eye exams to advanced treatments, the ophthalmology specialists of The Ohio State University Wexner Medical Center Havener Eye Institute are ready to care for you.

Our eye care experts work together to maintain your eye health, improve and protect your vision, and prevent blindness. From routine eye exams to advanced treatments, we use the latest diagnostic, medical and surgical techniques to treat, cure and prevent many eye conditions and diseases within multiple ophthalmology subspecialties.

# PREPARE FOR YOUR VISIT

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## CONTACT LENS WEARERS – Before your visit

- Contact lenses can be worn to your appointment in most cases. Be aware that you will likely need to remove them during the course of your eye exam. Bring supplies with you if you prefer to use your own.
- CATARACT SURGERY CONSULTATION CONTACT LENS WEARERS:
  - If you wear **soft contact lenses** – **STOP CONTACT LENS WEAR 2 weeks prior to your appointment** to provide the most accurate measurements needed by your eye surgeon.
  - If you wear hard contact lenses or **RGP (rigid gas permeable contacts)** – STOP CONTACT LENSE WEAR. 1 week for every year you have worn RGP/hard contacts up to 6 weeks. If you have worn for RGP/hard contacts 6 years or more do not wear RGP/hard contacts lenses for 6 weeks prior to your appointment.

## Pre – Registration

A Pre-Registration Specialist will contact you at the phone number provided by your doctor. This process will take approximately 10 minutes and will streamline the check-in process the day of your appointment.

Have the following information on hand for pre-registration:

- Your driver's license or state-issued identification
- Insurance card
- Emergency contact information
- The name and address of the provider who is referring you
- Appointment date and time
- Method of payment

If you do not have OSU MyChart and are interested in signing up, please make your Pre-Registration Specialist know you are interested in signing up.

## What to bring to your appointment

- Completed Questionnaire (pages 4 – 9 of this packet)
  - Even if you are already a patient to OSU, eye related information may not have been added to your medical history and could be relevant information your doctor may need to know.
- Eye drops (if they do not need to be refrigerated)
- CT/MRI scans AND reports, if they are related to the nature of your visit.
- Glasses or contact lens solutions and supplies
- A jacket or sweater
- Sunglasses
- A driver (see visitor restrictions below)
- Diabetic and oxygen patients - prepare for potentially long wait times and plan accordingly

## Arriving for your appointment

\* **Visitor Restrictions** may be in place at the time of your visit, and visitors will be asked to wait outside the building during your visit. Exceptions to this restriction are assessed on a case by case basis. If you feel that you require a visitor to accompany you during your appointment please call 614-293-8116 to discuss and notify of your doctors staff.

Arrive no sooner than 5-10 minutes before your scheduled appointment time unless you are contacted and instructed to do otherwise - *if you do arrive sooner than scheduled arrival time, you may be asked to wait outside of the building until your arrival time.*

Be prepared to give the following to the Front Desk Associate at the time of check-in:

- **Completed Questionnaire**
- **Driver's license or state-issued identification**
- **Insurance card** - a list of insurances we accept can be found at: [wexnermedical.osu.edu/patient-and-visitor-guide/insurances-we-accept](http://wexnermedical.osu.edu/patient-and-visitor-guide/insurances-we-accept))
- **Payment (if applicable) in the form of cash, check or credit card (we accept Visa and Mastercard)** \*Please note: *Co-payments and self-pay balances are due at the time of service*

## What to expect during your appointment

***BOTH*** of your eyes may be ***dilated*** for this examination. You may want to bring sunglasses and make arrangements to have someone drive you home from your appointment.

**Plan to spend 2 - 4 hours in the office.** Your physician will spend as much time as needed with you, but keep the following in mind may cause longer wait times:

- Emergency patients are not uncommon and require immediate care. Our staff does understand how frustrating this can be, and will do their best to provide updates on possible delays if they are able to.
- Specialized testing is often performed at the time of your visit
- You may be seen by a resident or fellow before your physician during your visit



## Personal Medical History

Condition	Y	N	Treatments / Procedures	Date	
<b>Cataracts</b>					
<b>Cornea Problems</b>					
<b>Glaucoma</b>					
<b>Macular Degeneration</b>					
<b>Blurred vision</b>					
<b>Eye Pain</b>					
<b>Dry Eye</b>					
<b>Eye Injuries</b>					
<b>Refractive Error</b>					
<b>Other</b>					
Check one Y(yes) or N (no) for each:	Y	N	Date or Duration	Specify / Additional information	
<b>Allergies</b>					
<b>Alzheimer's disease/Dementia</b>					
<b>Anemia/Bleeding Problems</b>					
<b>Anxiety</b>					
<b>Arthritis (Osteo/Rheumatoid)</b>					
<b>Asthma/Bronchitis</b>					
<b>Autoimmune Disease</b>					
<b>Blindness</b>					
<b>Blood Transfusion</b>					
<b>Cancer</b>					
<b>Depression</b>					
<b>Diabetes</b>					
Circle all that apply:	Type 1	Type 2	Insulin	Non-insulin	Last A1c & date:
<b>Emphysema/COPD</b>					
<b>Epilepsy/Seizures</b>					
<b>Kidney/Urinary Problems</b>					
<b>Ulcers/Stomach Problems</b>					
<b>Osteoporosis</b>					
<b>Heart Condition/CVD</b>					
<b>Hepatitis A, B, &amp;/or C</b>					
<b>High Blood Pressure</b>					
<b>HIV/AIDS</b>					
<b>Lupus</b>					
<b>Migraines</b>					
<b>Sickle Cell Anemia</b>					
<b>Stroke/TIA</b>					
<b>Thyroid Disease</b>					
<b>Tuberculosis (TB)</b>					
<b>Other</b>					

**Labs, Testing, Imaging & Studies:**  NONE

Specify	Date	Where Performed:	Contact Number

**Surgical History**

**Eye Surgeries / Lasers / Treatments:**  NONE

Procedure:	Which Eye	Date:	Surgeon/Clinic:	Complications?

**All Other Surgeries:**  NONE

Procedure:	Date:	Surgeon/Clinic:	Complications?

**Family Medical History** (specify relative: M [mother] F [father] P [paternal] M [maternal] etc.)

Check one:	Y	N	Relative
Alzheimer's disease or Dementia			
Amblyopia (lazy eye)			
Anemia/Bleeding Problems			
Arthritis (Osteo/Rheumatoid)			
Autoimmune Disease			
Blindness			
Cancer			
Cataracts			
Corneal Problems			
Diabetes			
Emphysema			
Heart Condition/CVD			
Hepatitis			

Check one:	Y	N	Relative
High Blood Pressure			
High Cholesterol			
Macular Degeneration			
Migraines/Headaches			
Retinal Detachment			
Sickle Cell Anemia			
Stroke			
Thyroid Disease			
Tuberculosis (TB)			
Other:			

**Social History**

**History of Tobacco Use** (circle one):

Never    Current    Every Day    Current Some Days    Occasional (some days)

(circle all that apply):    Cigarettes    Cigars    Pipe    Smokeless: Chew/Snuff

Amount per Day: \_\_\_\_\_    Approximate Start Date: \_\_\_\_\_    Quit Date: \_\_\_\_\_

**History of Alcohol Use**

**Never      Monthly or Less      2-4 Times a Week      4 or more times a week**

How many drinks containing alcohol do you have on a typical day when you are drinking?

(circle one): **1 or 2      3 or 4      5 or 6      7 or 9      10 or more**

How often do you have six or more drinks on one occasion? (circle one)

**Never      Less than Monthly      Monthly      Daily or almost daily**

# of average drinks per week: **Beer: \_\_\_\_\_ Wine: \_\_\_\_\_ Shots of Hard Liquor: \_\_\_\_\_**

**Recreational Drug Use** (circle one):

**Never      Former user      Current user**

Specify (circle all that apply):

**IV Drug Use      Marijuana      Cocaine      Hallucinogenic      Other (specify):**

**Physical Activity:**

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)? (specify by circling number of days)

**0   1   2   3   4   5   6   7**

On average, how many minutes do you engage in exercise on this level? (specify by circling minutes)

**0-10   20-40   50-70   80-110   120-140   150+**

**Financial Resource Strain:**

How hard is it for you to pay for the very basics like food, housing, medical care, and heating? (specify by circle one)

**Very Hard   Hard   Somewhat Hard   Not very hard   Not hard at all**

**Children’s Healthwatch Housing Screening:**

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time? (circle one) **YES   NO**

In the last 12 months how many places have you lived? \_\_\_\_\_

In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)? (circle one) **YES   NO**

**Transportation Needs:**

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications? (circle one) **YES   NO**

In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things you needed for daily living? (circle one) **YES   NO**

**Food Insecurity:**

Within the past 12 months, you worried that your food would run out before you got the money to buy more. (circle one) **Never true   Sometimes True   Often True**

Within the past 12 months, the food you bought just didn’t last and you didn’t have the money to get more. (circle one) **Never true   Sometimes True   Often True**

**Stress:**

Do you feel stress – tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time these days? (circle one)

**Not at all   Only a Little   To some extent   Rather much   Very Much**

**Social Connections:**

In a typical week, how many times do you talk on the phone with family, friends, or neighbors? (circle one) **Never   Once   Twice   Three times   More than three times**

How often do you get together with friends/relatives? (specify by circling best answer)

**Never Once Twice Thee times More than three times**

How often do you attend church or religious services? (circle one)

**Never 1-2 Times per year More than 4 times per year**

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups? (circle one) **YES NO**

If so, how often do you attend the clubs or organizations you belong to? (circle one)

**Never 1-2 Times per year More than 4 times per year**

Are you married, widowed, divorced, separated, never married or living with a partner?

(circle one) **Married Widowed Divorced Separated Never Married**

**Living with a Partner**

## Review of Systems

(circle all that apply)

<b>General Health:</b>	Chills		Fatigue		Unexpected weight change	
	Activity Change		Profuse Sweating (Diaphoresis)			
<b>Ears, Nose &amp; Throat:</b>	Trouble Swallowing		Dental Problems		Rhinorrhea (runny nose)	
	Sinus Pressure		Facial Swelling		Hearing Loss	
	Nosebleeds		Postnasal Drip		Voice Change	
	Tinnitus	Sneezing	Drooling	Ear Pain	Sinus Pain	Sore Throat
<b>Eyes:</b>	Discharge		Itching		Pain	
	Light Sensitivity		Blurred Vision		Floaters	
<b>Respiratory:</b>	Sleep Apnea (C-PAP use?)				Chest Tightness	
	Shortness of Breath				Wheezing	
<b>Cardiovascular:</b>	Chest Pain		Leg Swelling		Palpitations	
<b>Gastro-Intestinal:</b>	Abdominal pain		Abdominal Swelling/distention			Nausea
	Vomiting		Constipation		Diarrhea	
<b>Endocrine:</b>	Cold Intolerance	Heat Intolerance	Excessive Thirst (polydipsia)		Increased appetite (polyphagia)	
<b>Genitourinary:</b>	Difficulty Urinating				Painful Urination (dysuria)	
	Incontinence (enuresis)				Flank Pain (lower back/side)	
	Increased Urination				Decreased Urination	
<b>Musculoskeletal:</b>	Arthritic Pain		Back Pain		Gait Problem	
	Myalgia (muscle pain)				Neck Pain	
<b>Skin:</b>	Color Change		Wound		Paleness (pallor)	
<b>Immunological</b>	Environmental Allergies			Immunocompromised		Food Allergies
<b>Neurological</b>	Facial Asymmetry				Speech Difficulty	
	Numbness		Seizures		Dizziness	
	Tremors		Weakness		Headaches	
<b>Hematology</b>	Adenopathy (swollen lymph nodes)				Bruise Easily/excessive bleeding	
<b>Psychiatric</b>	Suicidal Thoughts		Behavior Problems		Sleep Disturbance	
	Hallucinations		Hyperactivity		Nervous/Anxiety	
	Agitation				Confusion	



# Physicians

Specialty	Name	Phone Number
Primary Care Doctor		
Optometrist		

## PARTICIPATE IN YOUR CARE

### You're the most important person on your healthcare team!

- Have a prepared list of questions written down before your appointment so you don't forget to ask
- Participate in conversation about your eye care. If you don't understand, ask questions. Your doctors wants you to understand your care so you can work together
  - There are many ways for you to communicate to your physician and his/her team, you don't have to wait until your next visit:
    - **Telephone** – call 614-293-8116. Our telephone operators can send a message to your physicians team to answer any questions or concerns you may have after your visit
    - **Online (OSU MyChart)** – you can send messages to your physician and their team

### Questions you would like to address with your doctor today:


### Cancellations & late arrival policy

- We strive to provide the most efficient service to our patients and ask that if you need to reschedule or cancel an appointment that you contact our office at least 24 hours in advance.
  - \* If you miss an appointment without providing required advanced notice, please be aware that rescheduling that appointment cannot be guaranteed.
- If you are going to be late for an appointment, please call ahead so that your physician and their team can be notified. Keep in mind that they may advise that it may be best to reschedule you appointment.

## Referrals & Consultations

- If your insurance carrier requires a referral or authorization for your appointment (usually applies to HMO or POS based policies), it is advised that you contact your primary care provider's office and ask that a referral be sent to your insurance carrier.
- It is the patient's responsibility to know if our physicians are participating providers you're your insurance carrier. We do participate in most major insurance carriers, but not all. Because insurance carriers frequently merge and update their provider base, it is recommended that you contact your carrier prior to your appointment.
- If your insurance carrier requires a referral or authorization and you do not have one at the time of your appointment:
  - You can pay in full for all services rendered, or
  - You can reschedule the appointment to allow you to obtain the referral or authorization to minimize out of pocket expenses to you, or
  - We can attempt to contact your doctor's office to obtain the referral for you. However, keep in mind that this is often unsuccessful for many reasons and may ultimately need to reschedule or collect payment.

*\* If you are unsure if you need a referral or authorization, please refer to your insurance policy or contact your insurance carrier. It is your responsibility to know the terms of your policy; for example the in-network providers, your co-pay and the referral process. Please be sure to obtain any referrals that may be necessary to fulfill the requirements of your policy.*

## Billing & Insurance

- A charge will be assessed for your services. Ultimately, it is the patient or guarantor who is responsible for payment of all charges incurred at the time of your visit.
- Self-pay patients (includes but is not limited to: patients without insurance, patients unable to provide proof of insurance, and patients being seen as a result of an accident):
  - Be prepared to pay in full at the time of your visit
  - **A \$250 base fee will be collected from new patients, and \$150 from established patients.**
- **\$45 will be collected for glasses prescriptions.** Payment is expected at the time of service and is not covered by most insurance carriers
- Any outstanding balances will be collected at check-in
- Specific insurance coverage questions should be directed to your insurance carrier.
- You may incur facility charges from the OSU Wexner Medical Center and charges from your physician for their services. You will receive additional information regarding this at time of check in.
- In certain circumstances, **Financial Assistance may be available.** If this is an option it will offered at time of scheduling and potentially at additional times throughout the time leading up to your appointment.
- If you have insurance, your insurance will be billed and any remaining balance is billed to the patient or guarantor.

If you have any of the insurances listed below, you must have the required paperwork at the time of service. If you do not have the appropriate authorization, our office may reschedule your appointment further out to allow you time to meet the obligations required by your insurance policy.

- **BWC** (Bureau of Workman's Compensation): You must bring a copy of your BWC card or letter of case approval. Ideally, we will need an approved C9 (BWC form that indicates a request from another physician for us to see you) on file or brought with you to confirm that BWC is aware and in approval of our services.
- **HMO INSURANCES:** You must have a referral from your Primary Care Physician in order for your visit to us to be covered by your insurance. Without the authorization, you will be required to pay for your visit in full at the time service or reschedule in order to allow time for you to obtain the appropriate authorization
- **INSURANCE PLAN NOT CONSIDERED IN NETWORK:** If your insurance is not listed on our website as an insurance that we participate with, it is best that you contact your insurance to find out your obligations and any opportunity to limit your out of pocket costs. Seeing us on an Out-Of-Network basis will require that we collect payment directly from you, this can be ALL of the charges or potentially partial charges.

**For a list of the insurances that we are considered in network with please go the following website:** [wexnermedical.osu.edu/patient-and-visitor-guide/insurances-we-accept](http://wexnermedical.osu.edu/patient-and-visitor-guide/insurances-we-accept)

We are sorry for ANY inconvenience but your insurance company requires you to obtain this authorization in order to cover your visit to our office. The referring doctor can usually assist you, but it is ultimately your responsibility to make sure the process is completed.

If all the pieces are not in place, the charges associated with your visit to our office will NOT be paid by your insurance company and WILL be your responsibility. Payment will be expected at the time of service as you check in to see us. If additional testing or procedures are required or recommended during your visit, you may want to discuss these with your physician. Based on the recommendations of your physician, a return appointment could be made to complete the necessary testing or procedures and to allow for you to obtain the appropriate authorizations. If the testing and/or procedures are performed at your initial visit, without contacting your insurance company, the charges will not be covered and you WILL be responsible for payment.

In sharing this information with you, we just want to make sure that you are well informed about how we expect your insurance company will handle your charges. The best way to make sure your charges will be covered is to contact your insurance company and obtain the appropriate authorization for your services with us.

Please let us know if we can answer any questions for you or help with any authorizations you may need.

**Social Work** is available on a case by case basis and may be able to assist and provide other solutions.

We are here to assist you with any concerns you may have about your visit with us as well as any account concerns you may have. Please notify our office any medical or financial circumstances that you may have.

## DRIVING DIRECTIONS TO EEI (MAIN LOCATION)

★ 915 Olentangy River Rd. Suite 5000  
Columbus, OH 43212

### From the North (Sandusky, Delaware & Cleveland)

Take any major highway to I 270  
Take I 270 WEST toward DAYTON  
Merge onto SR 315 SOUTH toward COLUMBUS  
Take the GOODALE/GRANDVIEW HEIGHTS EXIT  
Turn RIGHT onto OLENTANGY RIVER RD.  
The Eye and Ear Institute will be on your LEFT

### From the South (Circleville, Chillicothe & Cincinnati)

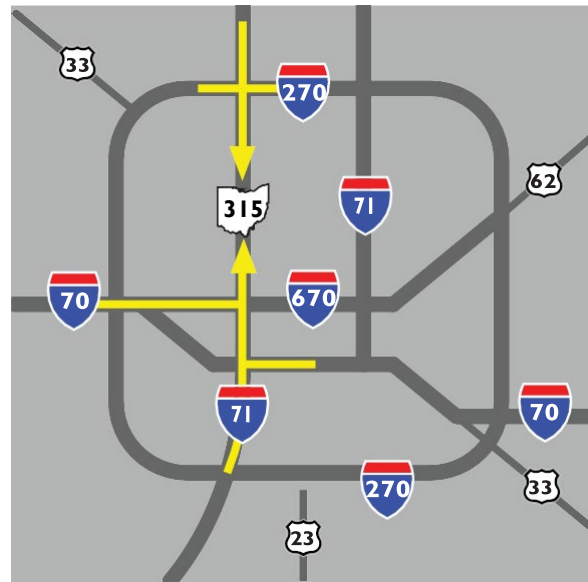
Take any major highway to I 71  
Take I 71 to SR 315 NORTH  
Take the GOODALE/GRANDVIEW HEIGHTS EXIT  
Turn RIGHT onto OLENTANGY RIVER RD.  
The Eye and Ear Institute will be on your LEFT

### From the East (Newark, Zanesville & Pittsburgh)

Take any major highway to I 70  
Take I 70 WEST to SR 315 NORTH  
Take the GOODALE/GRANDVIEW HEIGHTS EXIT  
Turn RIGHT onto WEST GOODALE  
Turn RIGHT onto OLENTANGY RIVER RD.  
The Eye and Ear Institute will be on your LEFT

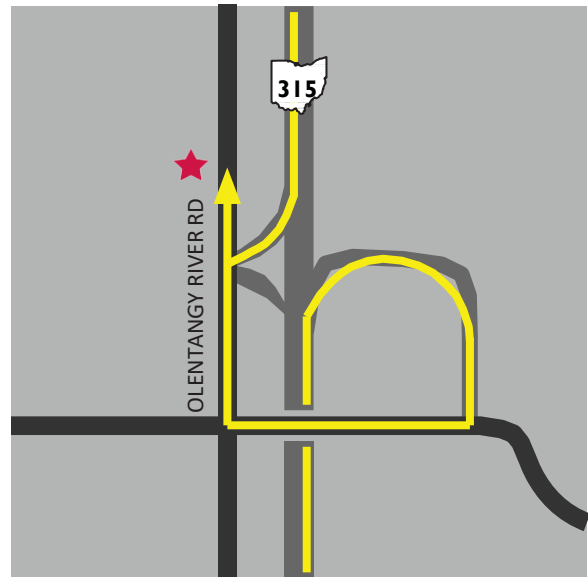
### From the West (Springfield, Dayton & Indianapolis)

Take any major highway to I 70  
Take I 70 EAST to I 670 EAST  
Take I 670 EAST to SR 315 NORTH  
Take the GOODALE/GRANDVIEW HEIGHTS EXIT  
Turn RIGHT onto WEST GOODALE  
Turn RIGHT onto OLENTANGY RIVER RD.  
The Eye and Ear Institute will be on your LEFT.



North

Not to scale



## DRIVING DIRECTIONS TO OUR DUBLIN LOCATION

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★ Dublin, OH 43016  
6435 Post Rd.

### From the North (Cleveland)

Take any major highway to I 71 SOUTH  
Take EXIT 119B to MERGE onto I 270 WEST  
toward DAYTON  
Take EXIT 17B to MERGE onto OH-161 W/US-  
33 W toward MARYSVILLE  
Take the EXIT toward AVERY-MURFIELD  
DR./DUBLIN  
Turn RIGHT onto AVERY-MURFIELD DR.  
At the TRACK CIRCLE – TAKE 3rd EXIT onto  
POST RD.  
6435 Post Road will be on the LEFT

### From the South (Cincinnati, Circleville, & Chillicothe)

Take any major highway to I 270 WEST  
Take EXIT 17B to MERGE onto OH-161 W/US-  
33 W  
Take the EXIT toward AVERY-MURFIELD  
DR./DUBLIN  
Turn RIGHT onto AVERY-MURFIELD DR  
At the TRACK CIRCLE – TAKE 3rd EXIT onto  
POST RD.  
6435 Post Road will be on the LEFT

### From the East (Zanesville & Pittsburgh)

Take any major highway to I 270 NORTH  
Take EXIT 17B to MERGE onto OH-161 W/US-  
33 W  
Take the EXIT toward AVERY-MURFIELD  
DR./DUBLIN  
Turn RIGHT onto AVERY-MURFIELD DR  
At the TRACK CIRCLE – TAKE 3rd EXIT onto  
POST RD.  
6435 Post Road will be on the LEFT

### From the West (Springfield & Dayton)

Take any major highway to I 70 EAST  
Take EXIT 93B to MERGE onto Interstate 270  
NORTH toward CLEVELAND  
Take EXIT 17B to MERGE onto OH-161 W/US-  
33 W  
Take the EXIT toward AVERY-MURFIELD  
DR./DUBLIN  
Turn RIGHT onto AVERY-MURFIELD DR

At the TRACK CIRCLE – TAKE 3rd EXIT onto  
POST RD.

6435 Post Road will be on the LEFT



North

Not to scale



## DRIVING DIRECTIONS TO OUR WESTERVILLE LOCATION

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★ Westerville:

484 County Line Rd. West Suite 240  
Westerville, OH 43082

**From the North** (Sandusky, Delaware & Cleveland)

Take any major highway to I 71 SOUTH  
Take EXIT 121 for GEMINI PLACE toward OH-750/ POLARIS PARKWAY  
Turn LEFT onto GEMINI PLACE  
Continue onto IKEA WAY  
Continue onto WORTHINGTON RD.  
Turn RIGHT onto AFRICA RD.  
Turn RIGHT onto COUNTY LINE RD. WEST  
Turn RIGHT onto ALKYRE RUN DR.  
Ohio State Havener Eye Institute will be on the LEFT

**From the South** (Circleville, Chillicothe & Cincinnati)

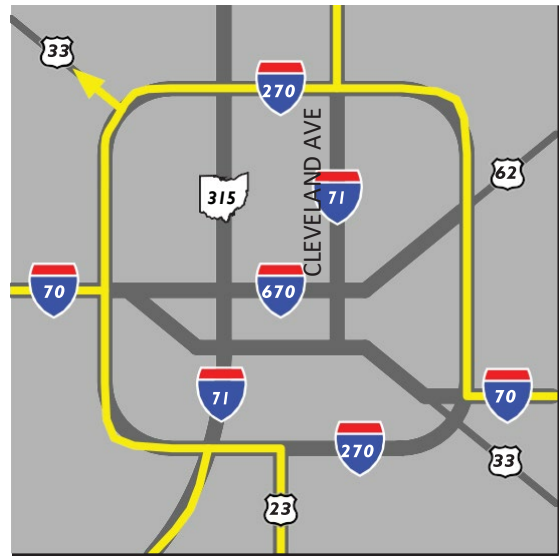
Take any major highway to I 270 N  
Take I 270 N to EXIT 27/ CLEVELAND AVE.  
Turn RIGHT onto CLEVELAND AVE.  
Turn RIGHT onto COUNTY LINE RD. WEST  
Turn LEFT onto ALKYRE RUN DR.  
Ohio State Havener Eye Institute will be on the LEFT

**From the East** (Newark, Zanesville & Pittsburgh)

Take any major highway to I 70 W  
Take I 70 W to Interstate 270 N  
Take I 270 N to EXIT 27/ CLEVELAND AVE.  
Turn RIGHT onto CLEVELAND AVE.  
Turn RIGHT onto COUNTY LINE RD. WEST  
Turn LEFT onto ALKYRE RUN DR.  
Ohio State Havener Eye Institute will be on the LEFT

**From the West** (Springfield, Dayton & Indianapolis)

Take any major highway to I 70 E  
Take I 70 E to Interstate 71 N to POLARIS PARKWAY  
Take EXIT 121 for OH- 750  
Turn RIGHT onto POLARIS PARKWAY  
Turn RIGHT onto ORION PLACE  
Continue onto WORTHINGTON RD.  
Turn LEFT onto COUNTY LINE RD. WEST  
Turn LEFT onto ALKYRE RUN DR.  
Ohio State Havener Eye Institute will be on the LEFT



North

Not to scale

