

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

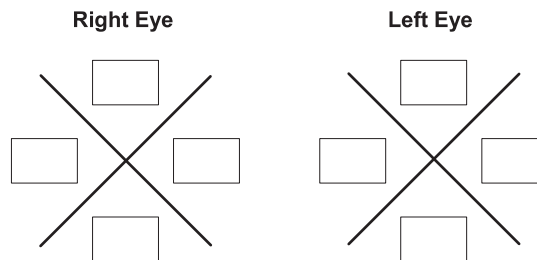
## CLINICAL INDICATIONS

Chief Complaint \_\_\_\_\_

### Identification and/or follow-up of the following:

- Disorders of the iris and ciliary body
- Corneal scars and opacities
- Other corneal disorders
- Disorders of the lens
- Retinal disorders
- Glaucoma
- Cataract
- Systemic disease
- Neoplasm of the eye
- Injury to the eye

### ANGLE WIDTH



### Angle Grading System

- Grade 0** - angle is closed due to iridocorneal contact
- Grade 1** - only Schwalbe's Line can be visualized
- Grade 2** - the trabecular meshwork can be visualized
- Grade 3** - the scleral spur can be visualized
- Grade 4** - the ciliary body can be visualized

### DIAGNOSIS CODE

### ANGLE STRUCTURES

- | Right Eye                |                        | Left Eye                 |
|--------------------------|------------------------|--------------------------|
| <input type="checkbox"/> | Normal                 | <input type="checkbox"/> |
| <input type="checkbox"/> | Synechiae              | <input type="checkbox"/> |
| <input type="checkbox"/> | Excessive Pigmentation | <input type="checkbox"/> |
| <input type="checkbox"/> | Inflammatory Deposits  | <input type="checkbox"/> |
| <input type="checkbox"/> | Neovascularization     | <input type="checkbox"/> |
| <input type="checkbox"/> | Cysts                  | <input type="checkbox"/> |

## PROCEDURE

- Right Eye
- Left Eye

## PHARMACEUTICALS

- Proparacaine 0.5%

### IRIS CONFIGURATION

- | Right Eye                |                       | Left Eye                 |
|--------------------------|-----------------------|--------------------------|
| <input type="checkbox"/> | Normal                | <input type="checkbox"/> |
| <input type="checkbox"/> | Angle Closure         | <input type="checkbox"/> |
| <input type="checkbox"/> | Angle Recession       | <input type="checkbox"/> |
| <input type="checkbox"/> | Pupillary Block       | <input type="checkbox"/> |
| <input type="checkbox"/> | Plateau Iris Syndrome | <input type="checkbox"/> |

## NARRATIVE (findings, interpretations, conclusions)

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## COMPARATIVE DATA Previous Test Date \_\_\_\_\_ Staying The Same Getting Better Getting Worse

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### MEDICAL DECISION-MAKING

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Good Control                  | <input type="checkbox"/> Stable    |
| <input type="checkbox"/> Borderline Control            | <input type="checkbox"/> Worsening |
| <input type="checkbox"/> Uncontrolled                  | <input type="checkbox"/> Resolving |
| <input type="checkbox"/> Failing to change as expected | <input type="checkbox"/> Resolved  |

### RELEVANT CLINICAL ISSUES

- | Initiate Treatment           | Change Treatment             |
|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  | <input type="checkbox"/> No  |

Doctor's Signature \_\_\_\_\_