

Patient Name _____

Date _____

CLINICAL INDICATIONS

Chief Complaint _____

Identification and/or follow-up of the following:

- Glaucoma
- Disorders of the globe
- Glaucomatous optic nerve atrophy

PROCEDURE

- Right Eye
- Left Eye

DIAGNOSIS CODE

TONOMETER

- Goldmann
- Tonopen
- Non-Contact

INTRAOCULAR PRESSURE MEASUREMENTS

OD	OS	Time	Date

DIURNAL VARIATION

Right Eye Left Eye

- Normal
-
- Abnormal
-

NARRATIVE (findings, interpretations, conclusions)

COMPARATIVE DATA Previous Test Date _____ Staying The Same Getting Better Getting Worse

MEDICAL DECISION-MAKING

- Good Control
- Stable
- Borderline Control
- Worsening
- Uncontrolled
- Resolving
- Failing to change as expected
- Resolved

RELEVANT CLINICAL ISSUES

- Initiate Treatment
- Change Treatment
- Yes
- Yes
- No
- No

Doctor's Signature _____