

Patient Name _____

Date _____

CLINICAL INDICATIONS

Chief Complaint _____

Identification and/or follow-up of the following:

- Glaucoma
- Visual disturbances
- Disorders of the lens
- Disorders of the globe
- Disorders of the vitreous
- Disorders of the choroid
- Post-operative management of ocular surgery
- High-risk medication affecting the retina
- Retinal detachments and defects
- Disorders of the optic nerve
- Other retinal disorders
- Neoplasm of the eye
- Systemic disease
- Injury to the eye

EXAM TECHNIQUE

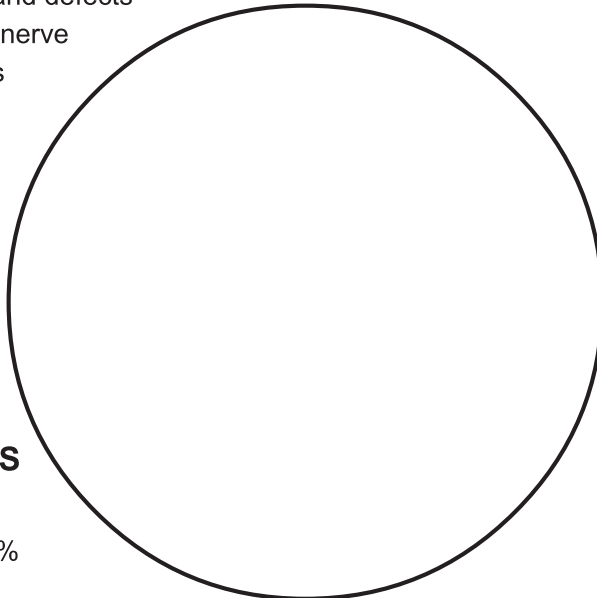
- 20 D Lens
- 28 D Lens
- 78 D Lens
- 90 D Lens
- Fundus Contact Lens
- 360° Scleral Depression

DIAGNOSIS CODES

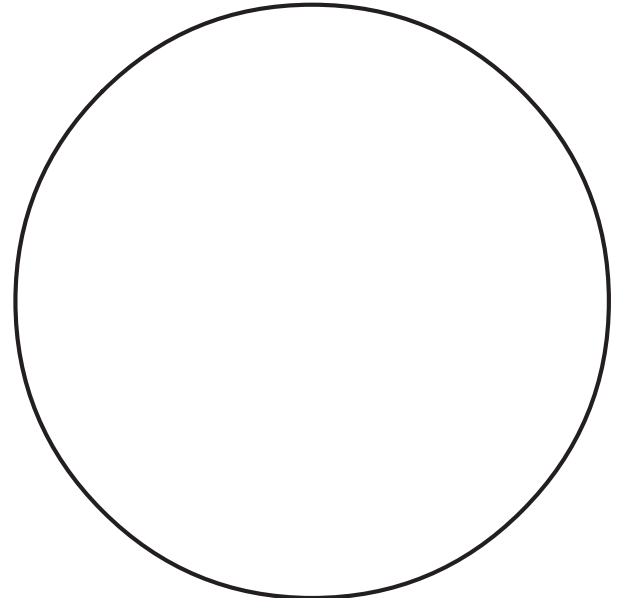
Primary Code

Secondary Code

Right Eye



Left Eye



PROCEDURE

- Right Eye
- Left Eye

PHARMACEUTICALS

- Mydracyl 1%
- Neo-Synephrine 2.5%

COMPARATIVE DATA

Previous Test Date _____ Staying The Same Getting Better Getting Worse

MEDICAL DECISION-MAKING

- Good Control
- Borderline Control
- Uncontrolled
- Stable
- Worsening
- Resolving

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 _____