

Patient Name _____

Date _____

CLINICAL INDICATIONS

Chief Complaint _____

Identification and/or follow-up of the following:

- Cataract
- Glaucoma suspect
- Open-angle glaucoma
- Angle-closure glaucoma

DIAGNOSIS CODES

Primary Code

Secondary Code

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PROCEDURE

PROVOCATION METHOD

PHARMACEUTICALS



EXMINATION TECHNIQUE

- Right Eye
- Left Eye
- Dark Room Test
- Mydriatic Challenge Test
- Prone Position Test

- Proparacaine 0.5%
- Mydriacyl 1%
- Neo-Synephrine 2.5%

- Gonioscopy
- Anterior Segment Imaging
- Ultrasound Biomicroscopy

Pre-Provocation Angle Width

Right Eye			Left Eye
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Post-Provocation Angle Width

Right Eye			Left Eye
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Pre-Provocation Intraocular Pressure

OD	OS	Time

Post-Provocation Intraocular Pressure

OD	OS	Time

NARRATIVE (findings, interpretations, conclusions)

COMPARATIVE DATA

Previous Test Date _____ Staying The Same Getting Better Getting Worse

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 _____

Next Test _____