

Patient Name _____

Date _____

CLINICAL INDICATIONS

Chief Complaint _____

Identification and/or follow-up of the following:

- Vitamin A deficiency
- Retinal dystrophies
- Macular degeneration
- Diabetic retinopathy
- Glaucoma
- Night blindness
- Optic atrophy

TEST ORDERED

- Right eye
- Left eye

TEST RELIABILITY

- Valid - Fixation error rate < 30%
- Invalid - Fixation error rate ≥ 30%

TEST RESULTS

Rod intercept time: _____ minutes _____ seconds

- Rod intercept time ≤ 6.5 minutes

Dark adaptation consistent with normal retinal health

- Rod intercept time > 6.5 minutes

Dark adaptation consistent with age-related macular degeneration

- No rod intercept

DIAGNOSIS CODE**NARRATIVE** (findings, interpretations, conclusions)

COMPARATIVE DATAPrevious 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 _____