EF 3.18

ELECTRORETINOGRAPHY
Interpretation and Report

CPT Code 92273

Patient Name | Date

CLINICAL INDICATIONS

Chief Complaint _____

Identification and/or follow-up of the following:

- ☐ Amaurosis fugax
- ☐ Diabetic retinopathy
- ☐ Hypertensive retinopathy
- ☐ Macular degeneration
- ☐ Choroidal degeneration
- ☐ Vitreomacular traction
- ☐ Other retinal disorders
- ☐ Optic atrophy
- ☐ Optic neuritis
- ☐ Vascular occlusions
- ☐ High-risk medications

INTER-EYE SYMMETRY

☐ Normal ☐ Abnormal

TEST RELIABILITY

☐ Good ☐ Bad

28 Hz Flicker 8Td-s ERG Test Protocol

SIGNAL PROCESSING

Peak Time

Right Eye	Left Eye
_____ ms	_____ ms

Amplitude

Right Eye	Left Eye
_____ uV	_____ uV

ERG Wave Complex

Right Eye		Left Eye
☐	Normal response waveform	☐
☐	Delayed peak time	☐
☐	Reduced amplitude	☐
☐	Waveform shape perturbation	☐

PhNR 3.4 Hz Td-s ERG Test Protocol

Right Eye		Left Eye
	a-wave Peak Time	
☐	Normal	☐
☐	Delayed	☐
	b-wave Peak Time	
☐	Normal	☐
☐	Delayed	☐
	a-wave Amplitude	
☐	Normal	☐
☐	Reduced	☐
	b-wave Amplitude	
☐	Normal	☐
☐	Reduced	☐
	Photopic Negative Response	
☐	Normal PhNR values	☐
☐	Abnormal PhNR values	☐

NARRATIVE (findings, interpretations, conclusions)

_____

_____

_____

COMPARATIVE DATA

Previous Test Date _____ ☐Staying The Same ☐Getting Better ☐Getting Worse

_____

MEDICAL DECISION-MAKING

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

RELEVANT CLINICAL ISSUES

Initiate Treatment	Change Treatment
☐ Yes	☐ Yes
☐ No	☐ No

Doctor's Signature _____ **Next Test** _____

EYEFORMS