

Dilated Retinal Eye Exam Diabetic Retinopathy Communication Form

STEP 1: PATIENT

Ask your eye care provider to forward this information to your personal doctor to be entered into your medical record.

THE AREA BELOW IS TO BE COMPLETED BY YOUR OPTOMETRIST OR OPHTHALMOLOGIST

Patient Name:	Date of Birth:	Phone:
Personal Doctor	Eye Care Specialist	
Name:	Name:	
Clinic/Office:	Clinic/Office:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	
Phone:	Phone:	
Fax:	Fax:	

STEP 2: EYE CARE SPECIALIST

Fill in the information below and return this form or a copy to the patient's personal doctor listed above.

The above-named patient was seen on _____ for a dilated eye examination.

The examination revealed the following results.

Retinal Examination Findings

- No diabetic retinopathy
- Diabetic retinopathy requiring no treatment
- Diabetic retinopathy requiring treatment
- Other eye disease
- Full report sent to patient's primary care practitioner (PCP)

Follow-up Eye Exam Recommendations

- 3 Months
- 6 Months
- 1 Year
- Other _____

Signature _____