

Retinal Eye Exam Communication Form

Patient Instructions:

1. Schedule an eye exam with an Ophthalmologist (eye doctor).
2. Fill in Section 1 with your name, date of birth, and phone number and the name and contact information of your primary care physician.
3. Take this form to an eye doctor and have them complete Section 2.
4. Bring this form back to your primary care doctor or ask the eye doctor to send/fax it to your primary care doctor.

Section 1 (To be completed by patient)

Name _____ Date of Birth ____ / ____ / ____ Phone _____

Physician _____

Physician Address _____

Physician Phone _____

Section 2 (To be completed by Ophthalmologist)

Eye Exam Date ____ / ____ / ____

Were eyes dilated for this exam? Yes (__) No (__)

Exam Results:

- ☐ No diabetic retinopathy
☐ Diabetic retinopathy requiring no treatment
☐ Diabetic retinopathy requiring treatment
☐ Other eye disease _____

Follow-up Eye Exam recommendations:

☐ 3 Months ☐ 6 Months ☐ 1 Year ☐ Other

Signature

Ophthalmologist

Name _____

Address _____

Phone _____

Fax _____

Section 3 (Primary Care Doctor)

Please place this Retinal Eye Exam Communication Form in the patient's medical record.