

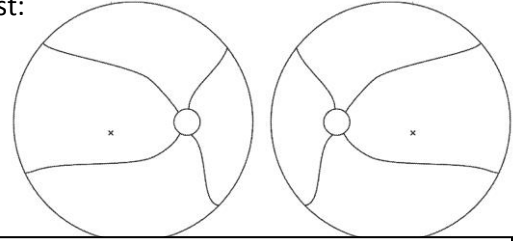
Patient Name: _____ DOB: _____ Visual Acuity: Right _____ Left: _____

Diagnosis/reason for test: _____ Area of Interest: _____

Allergies: _____

Dilation Orders:

- Phenelephrine 2.5% and Tropicamide 1% * Tests that need Dilation
- Phenelephrine 2.5% and Cyclopentolate 1%



SPECIAL INSTRUCTIONS:

Send interpretation to:

 Results required within 24 Hours

√	Test	Right	Left	Both	Notes
	Autofluorescence *				
	Fluorescein Angiography * TRANSIT EYE: <input type="checkbox"/> OPTOS <input type="checkbox"/> TOPCON				
	ICG Angiography * TRANSIT EYE:				
	OCT Macula <input type="checkbox"/> Heidelberg <input type="checkbox"/> Cirrus				
	OCT Optic Nerve: <input type="checkbox"/> Heidelberg <input type="checkbox"/> Cirrus				
	Color Photos: * <input type="checkbox"/> Optos <input type="checkbox"/> Topcon: <input type="checkbox"/> Macula <input type="checkbox"/> Optic Nerve				
	Slit Lamp: <input type="checkbox"/> Gonio Photography				
	Ultrasound : <input type="checkbox"/> Globe <input type="checkbox"/> Orbit <input type="checkbox"/> A & B <input type="checkbox"/> A only <input type="checkbox"/> B only				
	UBM (Anterior Segment Ultrasound)				

√	Test	Right	Left	Both	Notes
	Axial Length with IOL Calc. <input type="checkbox"/> Pseudophakic <input type="checkbox"/> Silicone oil <input type="checkbox"/> Scleral Buckle Must be MCW provider				
	Axial Measurement <input type="checkbox"/> Manual <input type="checkbox"/> IOL Master				
	Color Testing <input type="checkbox"/> Comprehensive <input type="checkbox"/> Limited				
	Corneal Topography				
	Electro-Oculogram *				
	Electroretinogram: * <input type="checkbox"/> Multifocal <input type="checkbox"/> Ganzfeld				
	Goldman Visual Fields: <input type="checkbox"/> Full-Field <input type="checkbox"/> Limited (Ptosis)				
	Humphrey Visual Fields: Pattern: <input type="checkbox"/> 24-2 <input type="checkbox"/> 10-2 <input type="checkbox"/> 30-2 <input type="checkbox"/> Plaquenil Strategy: <input type="checkbox"/> Sita-Standard <input type="checkbox"/> Sita- Fast <input type="checkbox"/> FASTPAC Stimulus: <input type="checkbox"/> III <input type="checkbox"/> V <input type="checkbox"/> SWAP (Blue-Yellow)				

Provider Name (please print): _____
 Provider #: _____ Date: _____
 Provider Signature _____