

**Confidential Fax**

**REPORT OF DILATED EYE EXAMINATION**

To Doctor: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Best Corrected Visual Acuity: OD \_\_\_\_\_ OS \_\_\_\_\_  
Intraocular Pressure: OD \_\_\_\_\_ mmHg, OS \_\_\_\_\_ mmHg  
Blood Pressure: \_\_\_\_\_

**Dilated Diabetic Retinal Examination Findings:**

- \_\_\_\_\_ No diabetic retinopathy
- \_\_\_\_\_ Non-proliferative diabetic retinopathy (mild, moderate, severe)
- \_\_\_\_\_ Diabetic macular edema
- \_\_\_\_\_ Proliferative diabetic retinopathy or iris neovascularization

**Hypertensive retinopathy present:** \_\_\_\_\_ Mild  
\_\_\_\_\_ Moderate  
\_\_\_\_\_ Severe/Malignant

**Cataracts:** Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_ Do interfere with activities of daily living  
\_\_\_\_\_ Do not interfere with activities of daily living

**Plan of treatment:**

- \_\_\_\_\_ Follow-up in \_\_\_\_\_  
\_\_\_\_\_ Refer to Ocular Surgeon for \_\_\_\_\_
- |                                            |   |   |
|--------------------------------------------|---|---|
| _____ Florescein angiogram                 | R | L |
| _____ Proliferative retinopathy management | R | L |
| _____ Macular edema management             | R | L |
| _____ Cataract surgery                     | R | L |
| _____ Other _____                          |   |   |

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