

DILATED RETINAL EYE EXAM DIABETIC RETINOPATHY COMMUNICATION FORM

This form is used to document the results of your dilated eye exam. It should be placed in your medical record. Please do not return this form to Network Health. Ask your eye care specialist to forward this information to your personal doctor for placement in your medical record.

STEP 1: PATIENT

Please do not return this form to Network Health. 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 primary care provider listed above.

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

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 _____

STEP 3: FORWARD TO PRIMARY PRACTITIONER

Eye care provider: Please forward this completed document to the patient's primary care practitioner (PCP). Document also available at networkhealth.com, select For Providers, select Resources. If you have any questions, please contact the quality department at QI@networkhealth.com.