



मंडल रेल अस्पताल, कल्याण

DIVISIONAL RAILWAY HOSPITAL, KALYAN

नेत्र विभाग / OPHTHALMOLOGY DEPARTMENT

DIABETIC RETINOPATHY SCREENING

Name: _____ Registration No. _____

Age / Sex: _____ Yrs, M / F Contact No: _____

Type of Diabetes: Type I / Type II / MODY

Insulin: Yes / No, No. of OHA(Oral Hypoglycemic): _____ HBA1c: _____

Ocular examination

	Right Eye	Left Eye
Visual Acuity (BCVA)		
IOP (mmHg)		

Fundus examination

Diagnosis	DR (ETDRS grade)	Macular Edema (Yes/No)	OCT finding (CMT in Microns)
Right Eye			
Left Eye			

Treatment Advice

RE :

LE :

Follow Up

Did you know about consequences/adverse events when having diabetes mellitus

Who motivate you to visit for DR screening