



# 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