

Patient Name: Test Account9

Exam performed : 12/13/2016

Diagnosis		Plan
No diabetic retinopathy: OD <input checked="" type="checkbox"/> OS <input type="checkbox"/>		<input checked="" type="checkbox"/> Monitor
Non-proliferative diabetic retinopathy: OD <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe OS <input type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/> Additional treatment recommendations _____
Proliferative diabetic retinopathy: OD <input checked="" type="checkbox"/> OS <input type="checkbox"/>		Follow up: <u>2</u> months
Clinically significant macular edema: OD <input type="checkbox"/> OS <input checked="" type="checkbox"/>		Ophthalmology Retinal Referral <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Open Angle Glaucoma: OD <input type="checkbox"/> OS <input checked="" type="checkbox"/>		Cataract Surgery referral <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Cataract: OD <input checked="" type="checkbox"/> OS <input type="checkbox"/>		
Doctor Signature 		