

| Patient Information | General Information |
|---------------------|---------------------|
| Patient ID          | Referring Location: |
| Patient Name:       | Referring Provider: |
| Date of Birth:      | Encounter ID:       |
| Gender:             | Eyenuk Control ID:  |
| Submission Date:    | Dilation Status:    |

| Diabetic Retinopathy Screening Summary |
|--|
| Screening Result:                      |

Right Eye:

Left Eye:

\*Do not use the above thumbnail images for diagnostic purposes.

### ICD-10 Diagnosis Codes

: Type

### Plan and Recommendations

Return for retinal imaging within 12 months.

:

### Additional Comments

Left Eye: None  
Right Eye: None

Digitally signed by

Report Date: