|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Untitled-1.png | **REQUEST FOR OPTICAL LASER SURGERY** | | **PROVIDER:** |  | |
| **PATIENT NAME:** |  | **Tel No:** |  | |
| **SSB NUMBER:** |  | **Encounter Number:** | |  |
| **DATE:** |  | **Referring PCP:** | |  |
| **PRIMARY DIAGNOSIS:** | Diabetes\_\_\_\_\_ Hypertension\_\_\_\_\_\_\_ Other (state):\_\_\_\_\_\_\_\_\_\_ | | **Approved by NHI: YES:\_\_\_ NO:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | |  | | |
| **Signs and Symptoms:** |  | |  | | |
| **VISUAL ACUITY:** | **DILATED EYE EXAM** | | **TONOMETRY** | | |
| **Left Eye:** | **Left Eye:** | | **Left Eye:** | | |
| **Right Eye:** | **Right Eye:** | | **Right Eye:** | | |
| **DIABETIC RETINOPATHY:** | **YES: NO:** | | **MACULAR EDEMA** | | |
| **STAGE:** |  | |  | | |
| 1. Mild Non- Proliferative | **YES: NO:** | | **YES: NO:** | | |
| 2. Moderate Non- Proliferative | **YES: NO:** | | **YES: NO:** | | |
| 3. Severe Non- Proliferative Retinopathy | **YES: NO:** | | **YES: NO:** | | |
| 4. Proliferative Retinopathy | **YES: NO:** | | **YES: NO:** | | |
| **TREATMENT PLAN:** | **ONE EYE/ BILATERAL** | | **Scatter Laser Surgery for Proliferative Retinopathy** | | |
| **Comments:** | **Laser Photocoagulation (focal) Right\_\_ Left\_\_** | | **Right\_\_\_\_\_\_ Left\_\_\_\_\_\_\_\_\_\_\_** | | |
| session 1 |  | |  | | |
| session 2 |  | |  | | |
| session 3 |  | |  | | |
|  |  | |  | | |
| **PHYSICIAN NHI NUMBER:** | **NAME:** | | **SIGNATURE:** | | |
| **RESULTS OF SURGERY:** | | | | | |