

Medical Records For : Scanlon, Graham  
Date of Birth : 05/22/1999  
Date of Service : 05/30/2024  
Electronically signed by : Dr. Schembri, OD, Lisa 05/30/2024  
Tabs Filled Out : Pretest [pages:1]  
: Chief Complaint [pages:1]  
: Exam [pages:2]  
: A & P [pages:1]  
: ARRA [pages:4]

Technician:   Patti Jackson

PRE TEST

Prescribed Date - Medication Name - Status - Form  
05/30/2024 - Ritalin - Active -

Status - Allergy Agent - Reaction - Severity  
- Empty List - -

\_\_\_\_ No current medications

School

Grade

Occupation   Web Developer

Hobbies   Reading, Outdoors and Music

Referral

Accompanied by

Visual Acuity Method

Type of Chart

Age of Glasses   2 months

Prism

Type of Correction

Hab Rx OD: -2.50      -1.00      180

Unaided Visual Acuity Dist      Near

sc OD: 20/      sc OD: 20/

Add:   Sync III 9

sc OS: 20/      sc OS: 20/

Style

sc OU: 20/      sc OU: 20/

Prism

Acuity with Glasses Dist      Near

Hab Rx 2 OD:

cc OD: 20/20      cc OD: 20/ 25

Hab Rx 2 OS:

Add:

cc OS: 20/ 20      cc OS: 20/ 25-1

Style

cc OU: 20/15-      cc OU: 20/ 25

Acuity with Contacts Dist      Near

Hab Rx 3 OD:

cc OD: 20/      cc OD: 20/

Hab Rx 3 OS:

Add:

cc OS: 20/      cc OS: 20/

Style

cc OU: 20/      cc OU: 20/

Prism

AR OD:

Series

BC

Diam

AR OS:

CL Rx OD:

CL Rx OS:

OD PD

Sph

Cyl

Axis

Add

OS PD

X

Binoc

X

King Devick

VF Screening:

Test I

Stereo:

OD

Test II

Fly

+

OS

Test III

Age Expected

Animals

3/3

Total Time

Wirt Circles

5/10

Color Vision:

Errors I

Randot Circles

3/8

IOP 1

Errors II

Randot Large Shapes

6/6

Tonometry OD:

Tonometry OD:

Errors III

Age Expected

Dinosaur

Tonometry OS:

Tonometry OS:

Total Time

Fixation Disparity   slightly exo / 0

Method:

Method:

Trial Frame

Time:

Time:

Addendum:

Reason for exam today:

VTPE

Family Eye Doctor:

Last Eye Exam:

If not your family eye doctor, whom can we thank for the referral?

## CHIEF COMPLAINT

here for VT PE

Location:

Severity:

Quality:      Feel so much better! see so much more depth

Duration: 8 weeks VT

Timing:

Context: likes the Sync Lenses, less eye strain, less dry eye too

Secondary Complaints:

NOTES:

## REVIEW OF OCULAR SYSTEM:

Any history of the following?

\_\_\_ Strabismus \_\_\_ Amblyopia \_\_\_ Cataracts \_\_\_ Eye trauma \_\_\_ Glaucoma \_\_\_ Macular Degeneration

Have you ever had eye surgery? If so, please list type of surgery and date(s):

Do you wear glasses or contacts? ☐ Yes ☐ No

Have you ever been prescribed glasses or contacts?           Yes      No

Eye Meds:

Last Eye Exam:

Doctor:

### PREVIOUS VISION CORRECTION

Primary Vision Correction:

Back up specs?

## Planning to get new glasses?

Type of CLs worn in past:

Wear Time:

Cleaner:

Disposal:

## Mental Assessment

Time, Place, Person

## Mood and Affect

Addendum:

Unaided Visual Acuity Dist		Acuity with Glasses Dist		Acuity with Contacts Dist		Near	
sc OD: 20/	sc OD: 20/	cc OD: 20/ 20	cc OD: 20/ 25	cc OD: 20/	cc OD: 20/		
sc OS: 20/	sc OS: 20/	cc OS: 20/ 20	cc OS: 20/ 25-1	cc OS: 20/	cc OS: 20/		
sc OU: 20/	sc OU: 20/	cc OU: 20/ 15-	cc OU: 20/ 25	cc OU: 20/	cc OU: 20/		
Visual Field OD		OS		K's OD:	@	/	@
Pupils OD:PERRLA -APD		Dim		K's OS:	@	/	@
Pupils OS:PERRLA -APD		Dim					

Notes:

Cover Test							
Distance CT without Rx		Distance CT with Rx		Ortho	CT with Probe +KCT		
Near CT without Rx		Near CT with Rx		Ortho x9	9 Gaze		
EOM: Full and Smooth							
NPC: TTN x3							
NSUCO Pursuits	5	5	5	5			
NSUCO Saccades	5	5	5	5			
Midine Shift							
Notes:							

Hab Rx OD: -2.50	-1.00	180	AR OD:			Ret OD:		
Hab Rx OS: -3.00	sph		AR OS:			Ret OS:		
Add: Sync III 9		Prism						
Sub OD		20/	FCC		Add:	Near OD: 20/		
			plano to -0.25					
Sub OS		20/	Dist OU: 20/		Near OS: 20/			
					Near OU: 20/ 20			

Near Ret OD	Cyclo AR OD		Cyclo Ret OD		Cyclo Ref OD		
Near Ret OS	Cyclo AR OS		Cyclo Ret OS		Cyclo Ref OS		

Dist Phoria H: 2 XP		vg	Distance BI:		NRA: +2.00		/
V: ortho Dx			Distance BO:		PRA: -3.00		/
Near Phoria H: 9 XP'		vg	Near BI:		18	16	Acc Facility CPM:
V: 2 BU		Near	Near BO:		24	16	Verg Facilities
Phoria Add:							
V:		Near					
Notes							

H Prism		V Prism	
Final Rx OD:			
Final Rx OS:			

Add:

Use

\_\_\_\_\_ No charge dr remake

Recom

H Prism

V Prism

Final Rx 2 OD:

Final Rx 2 OS:

Add:

Use

Recom

H Prism

V Prism

Final Rx 3 OD:

Final Rx 3 OS:

Add:

Use

Recom

H Prism

V Prism

Addendum:

CHIEF COMPLAINT

Primary

Secondary

ASSESSMENT

- 1 H51.11                      Convergence insufficiency
- 2 H50.53                      Vertical heterophoria
- 3 H55.82                      Deficient smooth pursuit eye movements
- 4 H55.81                      Saccadic eye movements
- 5 H52.13                      Myopia, bilateral
- 6 H52.221                    Regular astigmatism, right eye
- 7
- 8
- 9
- 10
- 11
- 12

PLAN

- Sensorimotor eval
- Cont   Sync III 13
- graduate OVT, continue HVT
- RTC 2 months for BV F/U

Class/work recom

NOTES

31 min with patient  
VT Codes 92066, 92499, and 97530

Patient Education

Return Visit

Reason:

\_\_\_ FILLED OUT DL FORM, GAVE TO PATIENT, UPLOADED TO "FILES"

BILLING

- 1 99214                      99214                      Est. Patient Comp Medical
- 2 92060                      92060                      Sensorimotor/BV Eval Level 1
- 3
- 4
- 5
- 6
- \_\_\_ CODE BY TIME (see Code By Time Tab)

Addendum:



Macular Edema Findings Present Type

Macular Edema Findings Present Type Communicated

Reason Not Communicated - Macular Edema

Macular Edema Findings Absent Type

Macular Edema Findings Absent Type Communicated

Reason Not Communicated - Macular Edema

Communicated to Diabetes Care Provider:  
Exam Findings

Retinopathy Severity Level  
Severity of Retinopathy

Level of Severity of Retinopathy Type Communicated

Retinal or Dilated Exam Negative Finding

Reason Not Communicated - Level of Severity of Retinopathy

Retinal/Dilated Eye Exam

Retinal or Dilated Eye Exam Type (AOA)

Retinal or Dilated Eye Exam Type

Fall Screening

Depression Screening Result

Reason Depression Screening not taken

\_\_\_ Depression Screening

Diagnosis Code	Description	Bill ID	CPT	Description
H51.11	Convergence insufficiency	99214	99214	Est. Patient Comp Medical
H50.53	Vertical heterophoria	92060	92060	Sensorimotor/BV Eval Level 1
H55.82	Deficient smooth pursuit eye movements			
H55.81	Saccadic eye movements			
H52.13	Myopia, bilateral	Billing Modifiers		
H52.221	Regular astigmatism, right eye			Description

Date - Type - Primary - Status - Code - Problem - Code System - Nullflavor - Value Set - Start Date - End Date - Notes

MU Measures Outside Of Crystal PM

Medication Orders

Lab Orders

Radiology Orders

Imaging Orders (non-Radiology)

# Linked Images

Relationship - Disease or Condition  
Empty List -

\_\_\_ Unknown family history

PQRS Billing Grid

Chief Complaint (SNOMED)

Bill ID - CPT - Bill Description - Modifier Code - Modifier Description

Code:

Description:

System:

Participants

Informant - Title - First - Middle - Last - Relation - Area Code - Phone - Address1 - Address2 - City - State - Zip - Country

Care Team



Employee - Data Enterer - Participation Function - Taxonomy - Title - First - Middle - Last

Procedures

Date - Code - Description - Code System - Nullflavor - TS Code - TS Description - TS Code System - Start Date - End Date - Reason Done - Reason Not Done - Discharge Disposition - Perform

Vital Signs

Code - Value - Unit - Start Date - End Date

Smoking Status

Date - Code - Code (AOA) - Obs. Start Date - Obs. End Date - Start Date - End Date

Implantable Devices

\_\_\_ Show Inactive

Date - Status - Start Date - End Date - Description-GMDN - Brand Name - Version or Model Number - Company Name - Device Identifier - UDI - Lot-Batch - Serial Number - Contains NRL

Type - Plan

Interventions

Date - Code - Nullflavor - Category - Reason Done - Reason Not Done - Start Date - End Date - Performed Start Date - Performed End Date

Diagnostic Study Grid

Date - Code - Description - Code System - Value Set - Nullflavor - Reason Not Done - Order Date - Performed Start Date - Performed End Date

Addendum: