



# Northeast Georgia PHYSICIANS GROUP

Patient: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

DOB: \_\_\_\_\_

PCP: \_\_\_\_\_

*Please Return To:*

Northeast Georgia Physicians Group - HIM Dept

Fax: (770) 219-2848

**Issues with fax? E-mail to:** him@nghs.com

## ***Retinal Exam***

### **RIGHT Eye**

No Diabetic Retinopathy present

Diabetic retinopathy present:

- Unspecified
- Mild
- Moderate
- Severe
- Proliferative

Macular (retinal) Edema

Glaucoma

Cataracts

AMD

Other: \_\_\_\_\_

### **LEFT Eye**

No Diabetic Retinopathy present

Diabetic retinopathy present:

- Unspecified
- Mild
- Moderate
- Severe
- Proliferative

Macular (retinal) Edema

Glaucoma

Cataracts

AMD

Other: \_\_\_\_\_

### **Plan & Recommendations**

- Monitor only
  - Referral to Specialist
  - Additional Testing/Recommendations/ Comments:
- \_\_\_\_\_

### **Next Eye Exam Follow-up**

- One Year
- PRN
- Appt: \_\_\_\_\_

Exam Provider:  Ophthalmologist  Optometrist Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Questions or inquiries? Contact NGPG Quality Dept - ngpg.clinical.quality@nghs.com or 770-848-7156