

Dilated Retinal Eye Exam Communication Form

The purpose of this form is to document dilated eye exam results. Place this form directly in the patient's medical record. Evidence shows exams are done but results are not documented in the medical record.

Step #1: Patients

Patients: Fill out your name, date of birth, phone number, and the names of your Primary Care Clinician and Eye Care Specialist. After your yearly dilated eye exam, please make sure that this form or a copy of this form is returned to your Primary Care Clinician.

Name _____ Date of Birth _____ Phone _____

Primary Care Clinician	Eye Care Specialist
Name Dr. Lee Herman, Dr. Michael Conlin	Name
Clinic/Office Johns Creek Primary Care	Clinic/Office
Address 4365 Johns Creek Parkway Suwanee, Georgia 30024	Address
Phone 678-957-1910	Phone
Fax 678-957-1911	Fax

Step #2: Eye Care Specialist

Eye Care Specialist: Please complete the information below and return this form or a copy of this form to the patient's Primary Care Clinician listed above.

Eye Exam Date: _____ Were eyes dilated for this exam? Yes No

Dear Primary Care Clinician: I have performed an eye exam for your patient. A brief report is provided below.

Retinal Examination Findings:

- No diabetic retinopathy
- Diabetic retinopathy requiring no treatment
- Diabetic retinopathy requiring treatment
- Other eye disease
- Report sent to patient's Primary Care Clinician

Follow-up Eye Exam Recommendations:

- 3 Months
- 6 Months
- 1 Year
- Other: _____

Eye Care Specialist's Signature _____

Step #3: Primary Care Clinician

Primary Care Clinician: Please place this Dilated Retinal Eye Exam Information Form in the patient's medical record.