

Diabetic Eye Examination

Diabetic Specialist Report

DATE _____

FROM

TO

PATIENT INFORMATION

Patient Name _____ DOB _____

OD _____ Reported Duration _____

OS _____ Reported HbA1C _____

Reported DM Medications _____

DIABETIC RETINOPATHY

- No evidence of diabetic retinopathy
- Mild non-proliferative diabetic retinopathy
- Moderate non-proliferative diabetic retinopathy
- Severe non-proliferative diabetic retinopathy
- Proliferative diabetic retinopathy

OCULAR MANIFESTATIONS OF DIABETES

- Clinically significant macular edema
- Iris neovascularization
- Vitreous hemorrhage
- Earlier onset of cataract
- Visually significant cataract
- _____

ADDITIONAL INFORMATION

MANAGEMENT PLAN

- We will monitor: Annually 6 Months 3 Months _____
- Patient was sent for further evaluation in consultation to: _____
- _____

cc: