

DILATED RETINAL EYE EXAM COMMUNICATION FORM

This form is to document dilated eye exam results. Place form directly in the person's medical record.

I, _____ give consent to release this medical information.

Step #1: Patient

Patient: 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 _____
Last A1c: _____ % Date: _____ BP: _____ / _____ Date: _____

Primary Care Clinician	Eye Care Specialist
Name _____	Name _____
Clinic/Office _____	Clinic/Office _____
Address _____	Address _____
Phone _____	Phone _____
Fax _____	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 on 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.