PHOTOGRAPHY ORDER AND INTERPRETATION

Patient Name: _____ Test Date _____

Indications / Medical Rationale: _____

_____

Performed by: _____ Technician Comments: Patient understanding & cooperation

_____

Test Preparation: _____ **Previously dilated in exam lane**

_____ **Dilated for photo:** Myd / Neo OD OS OU _____ AM / PM

_____ Good Photo Quality

_____ Poor Photo Quality, affected by:

Poor dilation (pupil ____mm)	Movement/Nystagmus	Blink
Opaque Cornea	Opaque Lens	Vit heme / Debris
Other: _____		

STUDY FINDINGS (Indicate OD, OS, OU in line next to condition)

Macular Photos	Optic Nerve	Peripheral Retina
_____ CME	_____ Cupping	_____ BDR
_____ DME	_____ C/D _____	_____ PDR
_____ Hemorrhage	_____ Optic Atrophy	_____ CRVO BRAO
_____ AMD – Dry	_____ Nerve Hemorrhage	_____ BRVO BRAO
_____ AMD – Exudative	_____ Papilledema	_____ Foreign Body
_____ Drusen	_____ Lesion	_____ Hemorrhage
_____ Hole	_____ Optic Neuropathy	_____ Other
_____ Dystrophy	_____ Dystrophy	
_____ Mac Pucker	_____ Other	

INTERPRETATION

_____ Condition is NEW

_____ Compared to last exam/photo, condition is: STABLE IMPROVING WORSENING

IMPACT ON TREATMENT

_____ No treatment at this time, continue to monitor

_____ Continue current treatment

_____ Refer for treatment (see “treatment plan” details on exam note)

_____ Modify existing treatment (see “treatment plan” details on exam note for details)

_____ Schedule new treatment (see “treatment plan” details on exam note)

Physician Signature _____ **Date** _____