# INTERPRETATION REPORT

**Patient Name:** _____

| | | |
|---|---|---|
| □ B-Scan | □ Quantitative Sensorimotor Exam | |
| □ Corneal Hysteresis | □ SCODI - A | □ OD |
| □ Corneal Topography | □ SCODI - P | □ OS |
| □ Fundus Photo | □ Serial Tonometry | □ OU |
| □ Gonioscopy | □ Visual Field | |
| □ IVFA | □ Ultrasonic Biomicroscopy | |

**Medical Rationale:** _____

_____

**Technician Comments:**

Date performed: _____ Performed by: _____

Reliability: _____

Patient understanding & cooperation:_____

_____

**Physician Interpretation:**

Test findings: _____

_____

Diagnosis: _____

_____

Impact on treatment/prognosis: _____

_____

_____ _____

Physician Signature Date