Eye examination report for diabetes

Important health screening

Present this form to your eye care professional and ask them to return it to your primary care provider.

FOR PRIMARY CARE PROVIDER TO COMPLETE

Provider name

Address

City | State | ZIP

Phone | Fax

FOR PATIENT TO COMPLETE

Patient name | Date of birth

Home address

City | State | ZIP

Phone | Health insurance plan

FOR EYE CARE PROFESSIONAL TO COMPLETE

Complete this portion of the form and return it to the primary care provider. Please check a box for Sections A, B, and C.

Eye care professional name

Eye care practice/facility name

Address

Phone

☐ Licensed optometrist ☐ Licensed ophthalmologist

☐ Other _____

City | State | ZIP

Fax

Patient received a dilated fundus examination with the following results:

A. Normal results ☐

B. Macular edema ☐ Absent ☐ Present

C. Diabetic retinopathy

☐ None detected

☐ Background diabetic retinopathy present

☐ Mild ☐ Moderate ☐ Severe

☐ Proliferative diabetic retinopathy present

Comments

Recommendations – attach additional sheet if necessary.

☐ Monitoring, with follow-up at

☐ 1 year ☐ 2 years

☐ Other interval (indicate timeframe) _____

☐ Monitoring only; no additional evaluation or new treatment at this time.

☐ Further testing and/or treatment recommended. See comments.

Date of exam

Eye care professional's signature

Patient is to return for re-evaluation in _____ months

Form was sent to primary care provider:

☐ Fax ☐ Mail   Date _____   Initials _____

058742 (02-15-2022)

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This form was developed on behalf of your provider by Premera Blue Cross.

Notice of availability and nondiscrimination   800-722-1471 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរស័ព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

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