

Please Fax to: _____



NOTICE OF DIABETIC EYE STATUS

PATIENT NAME: _____ EXAM DATE: _____

CHART#: _____ DOB: _____ PCP: _____

A recent diabetic eye evaluation shows the following:

- No retinopathy
- Retinopathy
 - Background diabetic retinopathy
 - Proliferative diabetic retinopathy
 - Macular edema
- Other _____

Visual acuity corrects to: 20/_____ right, 20/_____ left

Other conditions:

Recommendations:

Treatment: _____

Follow-up:

- Annual Next Appointment _____
 - Other _____
- _____

Please contact our office, at _____, if more information is needed.

Sincerely, _____

**Touch
Every Life.
Diabetes**