

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**