

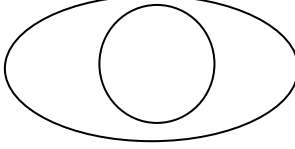
Name: _____ DOB: _____ Age: _____ Date: _____ M/F

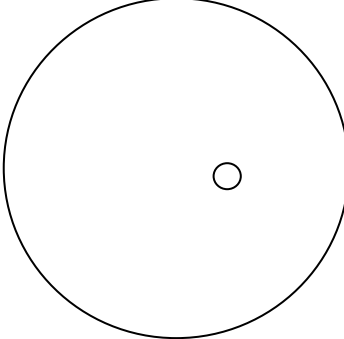
CC: Poor Vision / Pain / F&F / Red Eye / Lesion / POV _____

VA OD 20/____ sc/gl/cl OS 20/____ sc/gl/cl	OD 20/____ PH/AR OS 20/____ PH/AR	Pupils NL/ABNL	Dilation _____ OD/OS	Allergies
IOP OD _____ ap/tp/ic OS _____ ap/tp/ic	LI OD 20/____ OS 20/____	CVF NL/ABNL	EOM NL/ABNL	

HPI History & Flow Sheet: New / Updated	Eye Meds <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:10%; text-align: center;">OD</td> <td style="width:10%; text-align: center;">OS</td> </tr> <tr><td>_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr><td>_____</td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </table>		OD	OS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	OD	OS																	
_____	_____	_____																	
_____	_____	_____																	
_____	_____	_____																	
_____	_____	_____																	
_____	_____	_____																	

	OD	OS
Vision	+ - no Δ	+ - no Δ
Floaters	+ - no Δ	+ - no Δ
Flashes	+ - no Δ	+ - no Δ
Glare	+ - no Δ	+ - no Δ
Distortion	+ - no Δ	+ - no Δ
Pain	+ - no Δ	+ - no Δ
Redness	+ - no Δ	+ - no Δ

EXT NL/ABNL L/L NL/ABNL Conj NL/ABNL K NL/ABNL AC NL/ABNL Iris NL/ABNL Lens NL/ABNL <div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: center;"> ____ NS / ____ / PSC ____ / ACC Phakic / PC IOL / ACIOL / Aphakic PCO / YAG </div>	 EXT NL/ABNL L/L NL/ABNL Conj NL/ABNL K NL/ABNL AC NL/ABN Iris NL/ABNL Lens NL/ABNL <div style="border: 1px solid black; padding: 2px; margin-top: 5px; text-align: center;"> ____ NS / ____ / PSC ____ / ACC Phakic / PC IOL / ACIOL / Aphakic PCO / YAG </div>
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Ophthalmoscopy C/D 0. _____ AVit NL/ABNL ON NL/ABNL BV NL/ABNL M NL/ABNL Edema/Heme/Exudate Mild/Mod/Severe Gran/Drusen/PED Vit NL/PVD/ABNL P NL/ABNL/Flat 360/Dx 360 Interp: _____ Comp: Improved/Stable/Worse/na 92225/92226/NC	 Ophthalmoscopy C/D 0. _____ AVit NL/ABNL ON NL/ABNL BV NL/ABNL M NL/ABNL Edema/Heme/Exudate Mild/Mod/Severe Gran/Drusen/PED Vit NL/PVD/ABNL P NL/ABNL/Flat 360/Dx Interp: _____ Comp: Improved/Stable/Worse/na 92225/92226/NC
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OCT: Macula <input type="checkbox"/> Optic Nerve <input type="checkbox"/> Findings: NL/IRE/SRF/VMT/Dec RNFL/_____ Comp: Improved/Stable/Worse Utility: WetARMD/DME/MP/CME/CNVM/MH/Glaucoma/_____ diagnosis/management/screening 92133/92134/NC	OCT: Macula <input type="checkbox"/> Optic Nerve <input type="checkbox"/> Findings: NL/IRE/SRF/VMT/Dec RNFL/_____ Comp: Improved/Stable/Worse Utility: WetARMD/DME/MP/CME/CNVM/MH/Glaucoma/_____ diagnosis/management/screening 92133/92134/NC
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Impression:	Plan:
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Education: Pamphlet: _____ Surgery R/B/A – Informed Consent Amsler Grid w/ Instructions RD/RT Sxs reviewed Vitamins/AREDS	Patient to Report: Decreased Vision Increased Pain Increased Redness F/F/S/C/V	Next Visit: _____ Dilate OD/OS OCT OD/OS IOP Check only Procedure _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Est</u></td> <td style="text-align: center;"><u>Mod</u></td> </tr> <tr> <td style="text-align: center;">99212</td> <td style="text-align: center;">-25</td> </tr> <tr> <td style="text-align: center;">92012^{oph}</td> <td style="text-align: center;">-57</td> </tr> <tr> <td style="text-align: center;">99213</td> <td style="text-align: center;">-79</td> </tr> <tr> <td style="text-align: center;">92014^{oph}</td> <td></td> </tr> <tr> <td style="text-align: center;">99214</td> <td style="text-align: center;"><u>POV</u></td> </tr> <tr> <td style="text-align: center;">99215</td> <td style="text-align: center;">99204</td> </tr> </table>	<u>Est</u>	<u>Mod</u>	99212	-25	92012 ^{oph}	-57	99213	-79	92014 ^{oph}		99214	<u>POV</u>	99215	99204
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99215	99204																

I personally examined this patient and I agree with the above documentation

Tech: _____ Scribe: _____ Physician: _____, M.D.