

## Report of Diabetic Eye Exam

Eye Care Provider	Primary Care Provider
Name: _____	Name: _____
Clinic: _____	Clinic: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Attention: _____	Attention: _____

Date of exam \_\_\_\_\_ 20\_\_\_\_

Dear Dr. \_\_\_\_\_, I completed a retinal eye examination on the above date for \_\_\_\_\_ (date of birth \_\_\_\_\_) a patient you have treated for diabetes. The information below is a summary of my findings and report. I recommend that this patient be rechecked in \_\_\_\_ months.

Retinal eye exam summary

- Eyes were dilated for this exam
- No diabetic retinopathy
- Diabetic retinopathy requiring no treatment at this time
- Diabetic retinopathy requiring treatment
- Other eye disease:

Recommended treatment and follow-up:

  
  

If you have any questions, please contact me at the address or telephone number listed above.

Sincerely,

(Signature of Eye Care Provider)



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