

Time Dilated: _____

University of Rochester Eye Institute
Fundus Photography and Angiography Request Form
Diagnostic Services – Photographic Services

Initials: _____
STRONG HEALTH

601 Elmwood Ave – Box #659
Rochester, NY 14642

For Appointments call: (585) 275-3446
FAX forms to: (585) 506-4185

When using a label, DO NOT cover Ref. Doctor or Place of Referral

Patient Name: _____ Diagnosis: _____

DOB: _____ Date of Test: _____

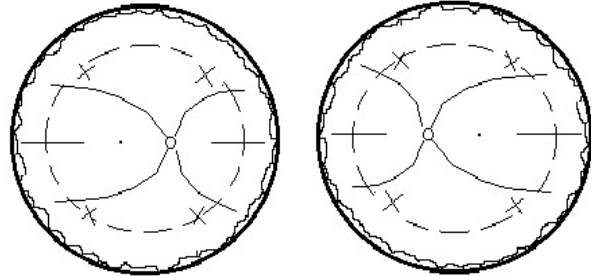
Referring Doctor: _____
 Scheduled or Unscheduled/same day

Place of referral: _____
For Angiograms: Pt ID: ID Band Verbal Other:

- Digital Color Fundus Photography ○ OCT ○ RetCam Pediatric Contact Fundus Photography

Table with columns: Eye/Field, Stand 3 fields 1, 2 & PP, Disc Phot 1x/2x, Field 1, 2, 3, Sweep 8 Fields, EYE, Stratus OCT RNFL, OCT MAC. Rows for OU, OD, OS.

Mac only:
○ Stratus
○ Cirrus
○ Either
For Visante use anterior segment form



OD

OS

Comments/Special Instructions: _____

*cannot bill/order HRT and above OCTs same day/same eye

- 20° ○ 30° ○ 50°

○ Fluorescein Angiogram (FA) / Indocyanine Green (ICG): (Important: check all areas below)

- Test(s) to be done: ○ FA only ○ ICG only ○ both FA and ICG
Primary Eye (transit eye): ○ OD or ○ OS
Specific Location: ○ macula center ○ disc center ○ other, specify: _____
Mids & Lates: ○ OU ○ angiogram only on primary eye
Fundus photos: ○ yes (chart above) ○ no, not necessary

Please note: The patient and referring physician must both sign a consent form for a FA and/or ICG. Patients who have an allergy to iodine or shellfish should not have an ICG done. Patients who are on Glucophage or Metformin-containing drugs will not have an ICG done unless it is discontinued 72 hours prior to the angiogram and not resumed until 72 hours after the angiogram.

Previous FA? ___ N ___ Y: any problems? ___ N ___ Y, List: _____
Previous ICG? ___ N ___ Y: any problems? ___ N ___ Y, List: _____
 Meds Checked Allergies checked (including Latex, Iodine) List: _____ Is patient pregnant: N Y
Pre BP: _____ Pre Pulse: _____ Demonstrates good understanding: Yes No, requires reinforcement
Post BP: _____ Post Pulse: _____ Injection done: _____ by: _____

Date done: _____ Eyes: OU OD OS
 Castillo Hollar Schaefer Tutko
 other: _____
 No charge Test, Reason: _____

Table with columns: (code: 1516), OD, OS, OU. Rows: FP, FA, ICG, OCT with corresponding codes.

- List of medical conditions with checkboxes: AION 377.41, Angioid Streaks 363.43, ARMD 362.50, ARMD, Dry 362.51, ARMD, Wet 362.52, BDR 362.01, Best's Disease 362.76, BRAO 362.32, BVO 362.36, Choroidal Hemorrh. 363.61, CME 362.53, CNV 362.16, Coates (362.12), CRAO 362.31, CRVO 362.35, CSR 362.41, Diabetic Retinopathy 362.01, Drusen, ON 377.21, Drusen, Retina (use AMD) 362.5, Epiretinal Membrane 362.56, Glaucoma 365.90, Glaucoma Sus 365.00, Histoplasmosis 115.92, Hypertensive Retin. 362.11, Macular dystrophy 362.7, Macular edema 362.83, Macular hole/cyst 362.54, Macular Pucker 362.56, Macular Scar/lesion 363.32, Myopic Degen. 360.21, Nevus ret/Chor. 224.60, Ocular Hyperten. 365.04, O. N. atrophy 377.10, Optic Neuritis 377.30, Papilledema 377.00, PDR 362.02, POAG 365.11, Pseudoexfol. Gl. 365.52, Pseudotumor C. 348.20, Retinal Detach. 361.90, Retinal Hem. 362.81, Retinal Scar/Les. 363.30, Retinitis Pigmentosa 362.74, Retinopathy 362.10, Rod-Cone Dystrophy 362.10, ROP 362.21, RPE Atrophy 362.76, RPE Defect 362.76, RPE Hem. 362.43, Vitreous Hem. 379.23, VKH 364.24

Pt location: Cornea waiting rm mixed services large waiting room Neuro/glaucoma dilating area Retina/comp dilating area
 Peds waiting rm Clinic waiting rm Exam room #: _____ other, specify: _____

When test done: Pt to see ref doctor Pt can check-out Other: _____

MUST BE FILLED OUT FOR EACH ANGIOGRAM DONE:

Pre-procedure Time Out:

- Consent obtained
- Correct patient (use 2 identifiers)
- Correct procedure
- Correct site
- Site Marked: Yes No N/A
- Correct patient position
- Equipment / Implants available: N/A

List participant(s) in time out:

- I. _____
- II. _____
- III. _____

Signature: _____

Date: _____ Time: _____

Photographer's Feedback:

Pt cooperation:

- Excellent
- Very good
- Good
- Fair
- Poor

Fixation:

- Excellent
- Very good
- Good
- Fair
- Poor

Dilation:

- Well dilated
- Moderately dilated
- Poorly dilated
- Not dilated, reactive
- Deformed or surgical pupil
- KPRO patient

Media:

- Clear
- Mild haziness
- Moderate haziness
- Severe haziness
- No view

Light sensitivity:

- None
- Minor
- Moderate
- Severe, assistance needed
- Patient unable to tolerate

Positioning at table:

- No problems
- Some difficulty
- Extra help required
- Patient unable to keep at camera
- Patient unable to position at camera

Other Items:

- Monocular patient
- Patient unable to look in all required gazes
- Patient not feeling well during photos
- Nystagmus
- Young child or very elderly, age: _____
- Other issues/problems: _____

- Light/Flash turned up all the way, images still dark
- Light/Flash turned down all the way, images too light
- Applanation/gonio done prior to the test, if known
- Second photographer called in to assist
- Patient declines more photos

*please also note pre and post BP in patient's chart note for internal patients.