

Time Dilated:

University of Rochester Eye Institute
Ophthalmic Testing Request/Billing Form



601 Elmwood Ave – Box #659-Rochester, NY 14642

Appointments call: (585) 275-3446 / FAX: (585) 506-4185

When using a label, DO NOT cover Ref. Doctor's name

Patient Name: _____ Diagnosis: _____

DOB: _____ Date of Test: _____

Referring Doctor: _____ [] Scheduled or [] Unscheduled/same day

[] If no charge visit, please list reason here: (educational, study, etc.) *color faxes not available, cannot fax photos

*Current distance glass RX or current MR with BCVA required for Color tests, HVF, GVF, HRT's, PAM's, LI's and Teller Acuties, please note that information below. In-house pts, please indicate where the patient is located and what patient should do after testing below.

Table with 4 columns: Test (alphabetical), 1 eye (5161), 2 eyes (5161). Rows include A-Scan/IOLMaster, Pseudophakia, Color Vision Tests, Contrast Sensitivity, HRT, Laser Interferometry, Orbscan, Pachymetry, PAM.

Table with 4 columns: Test (alphabetical), 1 eye (5161), 2 eyes (5161). Rows include Goldmann VF, Humphrey VF, SITA STD/Size III, SITA FAST/Size III, SITA SWAP, Teller Acuity.

- [] If an A-Scan is done with an IOLMaster, you can only bill for the A-Scan.
[] Cannot bill/do a GVF and HVF same eye, on the same day
[] Cannot bill/do a HRT and RNFL or MAC OCT same eye, on the same day

Items booked through retina services only (please call 273-3937)

Table with 4 columns: Test, 1 eye (5161), 2 eyes (5161). Rows include EOG, ERG, mERG (mutli-focal ERG).

Table with 4 columns: Test (w/retina physician interpretation), 1 eye (5161), 2 eyes (5161). Row includes B-Scan.

Any Special Instructions:

SC/CC V _____ W _____ MR _____ V _____
TL used for field
PACH OD = _____ PACH OS = _____
PAM results: OD: _____ OS: _____
LI results: OD H: _____ OD V: _____
OS H: _____ OS V: _____

Date of Test(s): _____ Tests: [] OD [] OS [] Both eyes
Tests: [] OD [] OS [] Both eyes
[] Dee Castillo [] R. Hollar [] TKe Long [] T. Schaefer [] J. Tutko [] L. Vetuskey [] Other: _____

Table with 4 columns: Test, Price, Test, Price, Test, Price, Price. Lists various tests and their costs, including ABMD, AION, ARMD, Brain Tumor, BDR, BRVO, Cataract, CRAO, Color Vision Def., Corneal Graft Rej., Corneal Edema, Corneal Ulcer, CME, Cupping opf disc/GL, Diabetic Retinopathy, Fuch's endothe. Dystro., Glaucoma, non specific, Glaucoma suspect, Glaucoma, COAG, Gl - Cupping of Discs, Glaucoma, Narrow <, Gl - Ocular HTN, Glaucoma, POAG, Graves, Headaches, Irregular Astig., Keratoconus, Keratopathy, Mac Degen(ARMD), Macular Edema, Maculopathy-toxic, Optic Atrophy, Optic Neuritis, Optic Neuropathy, Papilledema, Pituitary Tumor, Plaquenil Tx, Post. Capsul Opac., Pseudotumor Cer., Pterygium, Ptosis (eyelid), Retinitis Pigment., S/P PK w/complication, Stroke (s/p CVA), SNV, Uveitis, Visual field Defect, Vision Loss.

Technical Testing Request form (9-2008).doc

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: