

Initials: \_\_\_\_\_

Time: \_\_\_\_\_  
(Dilated)

### University of Rochester Eye Institute Anterior Segment and External Imaging

(cannot fax photos or colored prints)

**STRONG HEALTH**

601 Elmwood Ave – Box #659  
Rochester, NY 14642

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

**Completely fill out all patient data below: (required information)**  
When using a label, DO NOT cover Ref. Doctor's name

Patient Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

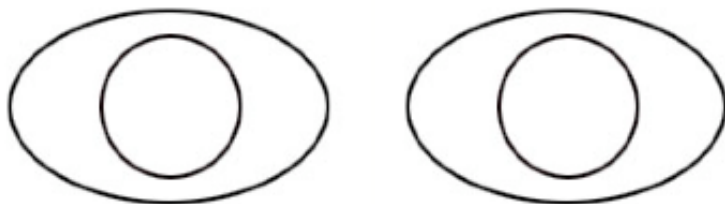
DOB: \_\_\_\_\_ Date of Test: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ (place of referral)  Scheduled or  Unscheduled/same day

**Slit Lamp Photography:** Eye(s):  OU  OD  OS

Area of Interest: \_\_\_\_\_

Specific Instructions: \_\_\_\_\_



**Visante OCT (anterior segment):**

Eye(s):  OU  OD  OS

- Pachymetry Map
- Anterior Chamber Angle
- High-Resolution Cornea

**Information:** (please give additional information regarding location of interest or use diagram to the left):

\_\_\_\_\_  
\_\_\_\_\_

cannot bill/order any HRT or any OCT, same day/same eye

**External Photography:**

Eye(s):  OU  OD  OS  Eyes Opened and Closed

- Frontal View:**  Full Face (1:10)  Side View:  Full Face 1:10 view
- Raccoon (1:5)  Raccoon 1:5 view
- Single Eye (1:2)  Single Eye 1:2 view
- Single Eye – Close View (1:1)  Single Eye 1:1 view

9 Cardinal Gazes

Other: \_\_\_\_\_

Comments/Instructions: \_\_\_\_\_

**Specular Photos:**

(endothelial cell count)

Eye(s):

OU  OD  OS

Location:

Central only

Central & Peripheral

Comments: \_\_\_\_\_

**Confocal HRT Corneal Imaging:**  OU  OD  OS

Please use the Slit Lamp Photography area to document area of interest. Please be detailed as possible regarding location (position as well as depth) of that area, or speak to a photographer directly.

Date done: \_\_\_\_\_ Eyes:  OU  OD  OS

Castillo  Hollar  Schaefer  Tutko

Other: \_\_\_\_\_

No charge Test, Reason: \_\_\_\_\_

(Code: 1516)	<u>OD</u>	<u>OS</u>	<u>OU</u>
<u>SLP</u>	<input type="checkbox"/> 0427	<input type="checkbox"/> 0427	<input type="checkbox"/> 0428
<u>EXT or VIDEO</u>	<input type="checkbox"/> 0421	<input type="checkbox"/> 0421	<input type="checkbox"/> 0422
<u>SPECULAR</u>	<input type="checkbox"/> 0429	<input type="checkbox"/> 0429	<input type="checkbox"/> 0430
<u>VISANTE</u>	<input type="checkbox"/> 0454	<input type="checkbox"/> 0454	<input type="checkbox"/> 0455
<u>CONF. HRT</u>	<input type="checkbox"/> 0412	<input type="checkbox"/> 0412	<input type="checkbox"/> 0413

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Bells Palsy 351.0             | <input type="checkbox"/> Corneal edema, NOS 371.20           | <input type="checkbox"/> Ectropion 374.10               | <input type="checkbox"/> Graves 242.00                    | <input type="checkbox"/> Neurofibromatosis 237.70 |
| <input type="checkbox"/> Blepharitis/MGD 373.00        | <input type="checkbox"/> Corneal Foreign body 930.0          | <input type="checkbox"/> Entropion 374.00               | <input type="checkbox"/> HSV dendritic 054.43             | <input type="checkbox"/> Proptosis, NOS 376.30    |
| <input type="checkbox"/> Blepharoconjunctivitis 372.20 | <input type="checkbox"/> Corneal graft complication 996.51   | <input type="checkbox"/> Esotropia 378.00               | <input type="checkbox"/> Hyphema 364.41                   | <input type="checkbox"/> Pterygium-central 372.43 |
| <input type="checkbox"/> Carcinoma, Eyelid 173.1       | <input type="checkbox"/> Corneal Scar Central 371.03         | <input type="checkbox"/> Exophthalmos, NOS 376.30       | <input type="checkbox"/> Iris Cyst 364.60                 | <input type="checkbox"/> Ptosis 374.30            |
| <input type="checkbox"/> Cataract 366.9                | <input type="checkbox"/> Corneal Scar, Periphery 371.02      | <input type="checkbox"/> Exotropia 378.10               | <input type="checkbox"/> Iris Nevus 224.30                | <input type="checkbox"/> S/P Keratoprothesis      |
| <input type="checkbox"/> Conjunctival lesion 372.90    | <input type="checkbox"/> Corneal ulcer, central 370.03       | <input type="checkbox"/> Filamentary keratitis 370.23   | <input type="checkbox"/> Lagophthalmos, NOS 374.20        | <input type="checkbox"/> S/P PK V42.5             |
| <input type="checkbox"/> Conjunctival nevus 372.55     | <input type="checkbox"/> Corneal ulcer, margin 370.01        | <input type="checkbox"/> Fuchs Corneal Dystrophy 371.57 | <input type="checkbox"/> Lattice Corneal Dystrophy 371.54 | <input type="checkbox"/> S/P PK w/compli 996.51   |
| <input type="checkbox"/> Corneal abrasion/injury 918.1 | <input type="checkbox"/> Conjunctivitis, mucopurulent 372.03 | <input type="checkbox"/> Glaucoma, closed angle 365.22  | <input type="checkbox"/> Lid Lesion 379.90                | <input type="checkbox"/> Subconj hemor. 372.72    |
| <input type="checkbox"/> Corneal Dystrophy 371.50      | <input type="checkbox"/> Dermatochalasis 374.87              | <input type="checkbox"/> Glaucoma, Narrow angle 365.02  | <input type="checkbox"/> Lid Retraction/Lag 374.41        | <input type="checkbox"/> Uveitis 364.30           |

Other Diagnosis: \_\_\_\_\_

Anterior Segment and External Imaging 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:

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

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