

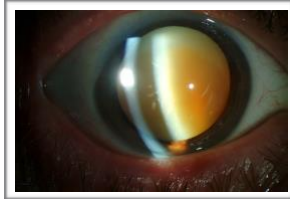
Eye Disease Pathology Assessment

Patient Name:		Date of Birth:	
Date of Encounter:		Completed by:	

Please go to an eye doctor who can perform an eye pathology exam that includes: 1. Slit Lamp Microscope evaluation of the lens; 2. Fundus Camera assessment of the retina; and 3. OCT (Optical Coherence Tomography) analysis of the retina and retinal nerve fiber layer (RNFL). We prefer that your eye doctor fill out this sheet. However, they can provide us with their report and images in their own format if they prefer.

1. Slit Lamp Microscope Evaluation

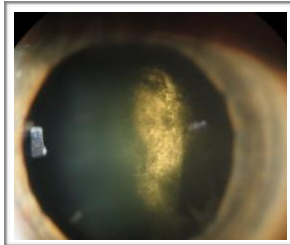
Nuclear Cataract or indication or initial formation of a cataract:



Present: Left Eye _____ Right Eye _____

Grade / Severity: Left Eye _____ Right Eye _____

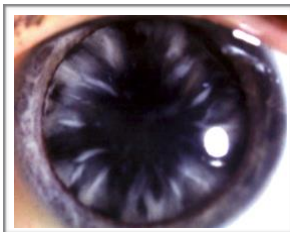
Posterior Subcapsular Cataract or indication or initial formation of a cataract:



Present: Left Eye _____ Right Eye _____

Grade / Severity: Left Eye _____ Right Eye _____

Cortical (Supranuclear) Cataract or indication or initial formation of a cataract - fibrils or spokes, for example



Present: Left Eye _____ Right Eye _____

Grade / Severity: Left Eye _____ Right Eye _____

Dry Eye Noted? Yes _____ No _____

Which Eye(s) Left _____ Right _____

Grade / Severity Left _____ Right _____

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2. Fundus Camera Assessment - for glaucoma, macular degeneration, high blood pressure, diabetic retinopathy, and multiple sclerosis

Drusen (example fundus image)



Present: Left Eye _____ Right Eye _____

Grade:

Left Eye: _____

Right Eye: _____

Ocular hypertension: Pressure Right Eye: _____ Pressure Left Eye: _____

Glaucoma Noted? Present: Left Eye _____ Right Eye _____

Grade:

Left Eye: _____

Right Eye: _____

Optic Disc Variables: Please note: the vertical cup-to-disc diameter ratio corrected for optic disc size, total neuroretinal rim area, rim-to-disc area ratio, and cup-to-disc area ratio corrected for disc size:

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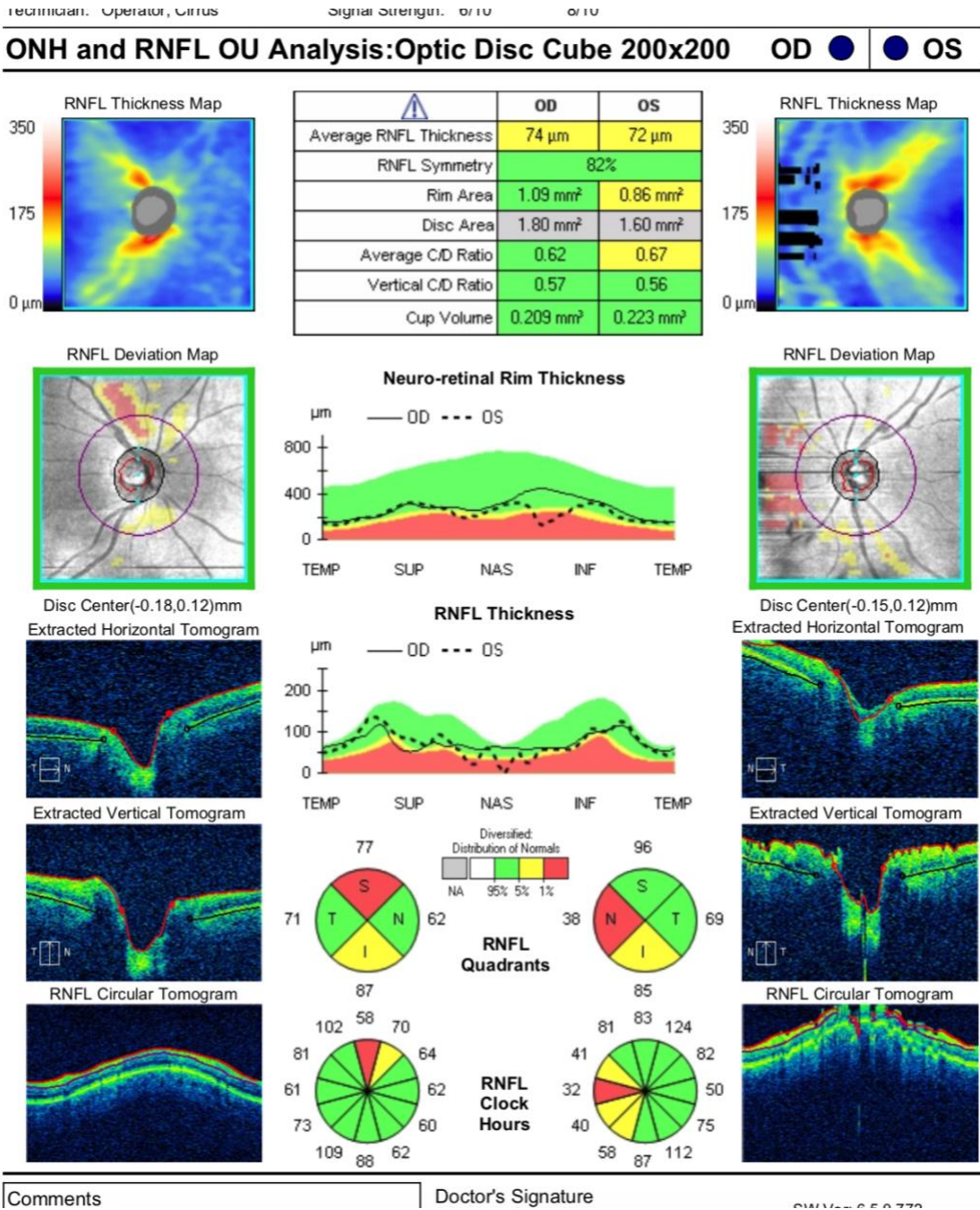
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3. Optical Coherence Tomography (OCT) Analysis (example image below)

Please provide digital data similar to the image below at a minimum. Please include all digital images obtained by your instrument:

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Additional Observations or Conclusions:

Please send data to email (preferred)

FAX to 833-404-4052

tlewis@healthrevivalpartners.com

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Date of Encounter:		Completed by:	
