



Patient: _____

Date of Exam: _____

DOB: _____

PCP: _____

Please Return To:

Longstreet Clinic

Fax: (678) 207-4228

Issues with fax? E-mail to:

diabeticeyeexam@longstreetclinic.com

Retinal Exam

RIGHT Eye

LEFT Eye

No Diabetic Retinopathy present

No Diabetic Retinopathy present

Diabetic retinopathy present:

Diabetic retinopathy present:

- Unspecified
- Mild
- Moderate
- Severe
- Proliferative

- Unspecified
- Mild
- Moderate
- Severe
- Proliferative

Macular (retinal) Edema

Macular (retinal) Edema

Glaucoma

Glaucoma

Cataracts

Cataracts

AMD

AMD

Other: _____

Other: _____

Plan & Recommendations

Next Eye Exam Follow-up

- Monitor only
- Referral to Specialist
- Additional Testing/Recommendations/ Comments:

- One Year
- PRN
- Appt: _____

Exam Provider: Ophthalmologist Optometrist Date: _____

Print Name: _____

Signature: _____

Questions or inquiries? Contact Us at - diabeticeyeexam@longstreetclinic.com