Summary of Diabetic Clinical Findings

Please send this completed form to the patient’s primary care provider on the EyeMed member’s behalf.

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<th>Patient Information</th>
<th>Primary Care Provider Information</th>
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Date of Birth ______________________________  Phone _______________ Fax _______________

Date of Exam _____________________________  Date of Summary _________________________

### Findings

- [ ] No diabetic retinopathy found in either eye
- [ ] Abnormalities detected, as follows:

  **Background retinal changes noted in:**
  - Right Eye  Circle grade:  Mild  Moderate  Severe
    - Clinically significant diabetic macular edema?  [ ] Yes  [ ] No
  - Left Eye  Circle grade:  Mild  Moderate  Severe
    - Clinically significant diabetic macular edema?  [ ] Yes  [ ] No

  **Proliferative retinal changes noted in:**
  - Right Eye  Circle grade:  Active  Regressed/Stable
  - Left Eye  Circle grade:  Active  Regressed/Stable

**Other findings as noted:**
- Right Eye  Explain:  _____________________________________________________
- Left Eye  Explain:  _____________________________________________________

### Follow Up

- [ ] Dilated retinal exam is recommended in one year.
- [ ] Follow-up of condition(s) in this office is recommended in _____________ (timeframe).
- [ ] Referral to Dr. _______________ is recommended in _____________ (timeframe).
- [ ] Other condition(s) ______________________________  Follow-Up _________________________________

Eye Care Provider Name: ___________________________________________ Phone: ___________________
Provider Signature______________________________________________