

**Ophthalmology Care Visit
Continuity and Coordination Report**



Today's date

Patient name: _____ Date of birth: _____

Dilated Retinal Exam Date: _____

Dx: _____

To: _____
(Primary Care/Referring Physician)

Address: _____

Phone: _____

Fax: _____

Your patient, who has diabetes, was examined in this office on the above date. Their dilated retinal examination results are as follows:

- No diabetic retinopathy
- Positive for background retinopathy
- Positive for proliferative diabetic retinopathy

Comments: _____

This information is being sent to you for your review and inclusion in their medical record. During the examination, your patient was reminded that an annual dilated retinal examination should be performed annually by an ophthalmologist or optometrist.

Recommendations:

Dilated retinal follow-up visit in one year, 6 months, 3 months or _____. (Circle or add date for next visit.)

Specific retinal therapy or laser treatment? Y / N If yes, **date:** _____.

Respectfully submitted,

(Examining Provider Signature)

Printed Name: _____ Phone: _____

Address: _____

CC: _____