Eye Exam Fax Report



Date of Exam

DIABETES DEPARTMENT

Eye Care Specialist's Signature

| Name of Diabetes Care Doctor | From:Name | of Eye Care Specialist |
|---|--------------------|------------------------|
| Eye care specialist to: Complete form or send your office visit of Return form to: The Portland Clinic Diable Fax: (503) 924-2260 Ph. 6640 SW Redwood Lane Portland, OR 97224 | <u>etes Center</u> | |
| : | | |
| e of Eye Care Specialist: | | |
| e of Patient: | | |
| patient was seen today for | | |
| ☐ A dilated eye exam | | |
| ☐ Fundus photography | | |
| □ Other: | | |
| lts: | <u>Left</u> | <u>Right</u> |
| □ Normal | | |
| ☐ Background diabetic retinopathy | | |
| ☐ Diabetic retinopathy | | |
| $\ \square$ Proliferative diabetic retinopathy | | |
| ☐ Macular edema | | |
| ☐ Vitreous hemorrhage | | |
| ☐ Cataracts | | |
| | | |

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Why should I get a dilated eye exam?



Over time, high blood sugar can damage the tiny vessels that supply blood to the eyes.



How often should I get a dilated eye exam?



A yearly dilated eye exam will find any problems early.

Learn what steps you can take to protect your eyes from diabetes-related problems.

TAKE ACTION TODAY!

- My last dilated exam was on:
- I should schedule my next dilated eye exam on:

- ☐ Make an appointment for your exam with your eye care specialist.
- $\ \square$ Take this handout with you.
- □ Ask the eye care specialist to fax a report to your diabetes care team using the reverse of this handout.

My diabetes care team's fax number is: 503-924-2260