



Select
Health

Diabetic Retinal Eye Exam Results

Instructions:

- **For Eye Exam Providers:** Complete this form and print two copies. Give one copy to the member, and fax the other copy to their primary care physician **AND** to Select Health at **801-442-0920**.
- **For Primary Care Physicians:** Fill in the fields below as appropriate, and enter your fax number here _____, so the eye exam provider can return the form to you. Print and send the form with your Select Health patient to their eye exam.
If you have retinavue results that have been read by an optometrist/ophthalmologist, record them on this form and fax it directly to Select Health at **801-442-0920**.

Patient Name _____ DOB _____

Eye Care Provider _____

Date of Diabetic Retinal Eye Exam _____

Primary Care Provider: _____

FINDINGS

Finding	OD (R)	OS (L)
No Diabetic Retinopathy		
Non-Proliferative Diabetic Retinopathy		
Proliferative Diabetic Retinopathy		
Clinically Significant Macular Edema		

Additional eye findings of importance:

PLAN AND FOLLOW-UP EYE CARE

PLAN

- ☐ Monitor – No Treatment
- ☐ Further Testing and/or Treatment
- ☐ Consult Retinal Specialist
- ☐ Consult PCP/Nutritionist

FOLLOW-UP FOR EYE CARE

- ☐ 1 Year
- ☐ 2 Years
- ☐ Other: _____

Provider Signature