

Sleep Apnea-Eye Pathology Notification

ID # _____	Eye R L
Photo date ___/___/___	

Grader _____ Grade date ___/___/___ Early Immediate

Please check any lesions or conditions present that may require further evaluation:

Active Proliferative Retinopathy _____ <i>NVD</i> _____ <i>NVE</i> _____ <i>circle fields 1 2 Other</i> _____ <i>PRH</i> _____ <i>circle fields 1 2 Other</i> _____ <i>VH</i> _____ <i>circle fields 1 2 Other</i> _____ <i>ret detach</i> _____ <i>circle fields 1 2 Other</i> _____	Macular Edema _____ <i>cystoid</i> _____ <i>CSME</i> _____ <i>non-CSME</i> _____ <i>focal/grid rx</i> _____
Preproliferative Retinopathy _____ <i>VB</i> _____ <i>circle fields 1 2 Other</i> _____ <i>significant IRMA</i> _____ <i>circle fields 1 2 Other</i> _____ <i>significant HMA</i> _____ <i>circle fields 1 2 Other</i> _____	Treatable ARM _____ <i>Sub-ret hem</i> _____ <i>PED/RD</i> _____
Other _____ <i>Hollenhorst plaque</i> _____ <i>circle fields 1 2 Other</i> _____ <i>irregular nevus</i> _____ <i>circle fields 1 2 Other</i> _____ <i>macular hole</i> _____ <i>recent BVO/CVO</i> _____ <i>suspicious cup/disc</i> _____ <i>epiretinal membrane</i> _____ <i>other:</i> _____ (see custom text)	

Custom text:

Participant: _____

Doctor: _____

Comments: _____

Faxed ___/___/___
 Manifest # _____