



AMERICAN  
OPTOMETRIC  
ASSOCIATION

# DIABETIC EYE EXAM REPORT

To: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Last Eye Exam: months/years ago \_\_\_\_\_

Visual Acuity: 20/\_\_\_\_ OD (right eye) 20/\_\_\_\_ OS (left eye)

Exam Findings:  Cataract  Age-Related Macular Degeneration  Glaucoma

Dilated Retinal Exam Findings:

No Diabetic Retinopathy OD\_\_\_\_\_ OS\_\_\_\_\_

Diabetic Retinopathy

Nonproliferative

Mild OD\_\_\_\_\_ OS\_\_\_\_\_

Moderate OD\_\_\_\_\_ OS\_\_\_\_\_

Severe OD\_\_\_\_\_ OS\_\_\_\_\_

Proliferative OD\_\_\_\_\_ OS\_\_\_\_\_

Diabetic Macular Edema OD\_\_\_\_\_ OS\_\_\_\_\_

Other Findings:

Impression:

Follow-up Plan:  Monitor only  Follow-up in \_\_\_\_ months  Patient education given  
 Additional/testing or Procedure indicated \_\_\_\_\_  
 Refer to \_\_\_\_\_  Other\_\_\_\_\_.

Sincerely,

Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Date: \_\_\_\_\_