

My Diabetic Eye Exam Results

Patient name: _____

Date of birth: _____

Medical Mutual member ID number: _____

Diabetes care provider name: _____

Date of dilated retinal eye exam: _____

Diagnosis:	Left	Right
<input type="checkbox"/> No diabetic retinopathy		
Non-proliferative diabetic retinopathy		
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
<input type="checkbox"/> Proliferative diabetic retinopathy		

Plan:

- Monitor
- Additional testing/treatment recommendations:
Follow up: ____ months

Doctor signature: _____

I am an Optometrist Ophthalmologist

These recommendations are for your information only. They do not take the place of your doctor's advice, diagnosis or treatment. You should make decisions about your care with your doctor. What is covered by your plan will be based on your specific benefit plan.