

RETINA NORTHWEST, P.C.

DIAGNOSTIC SCHEDULING WORKSHEET

Date: _____

Location:

Time: _____

- Lake Oswego
- Providence
- Sylvan
- St. Vincent
- Vancouver

Please remember to tell your patients that they should expect to be with us for at least 1 to 2 hours, and we suggest they bring a driver due to longer-lasting dilation.

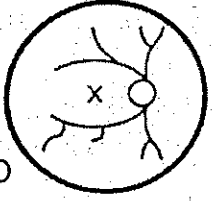
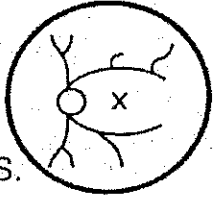
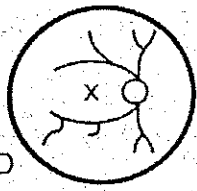
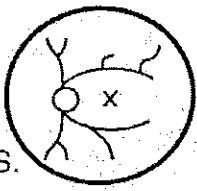
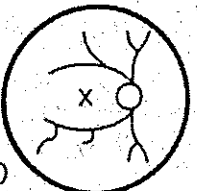
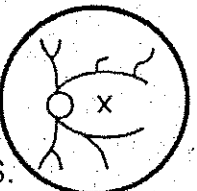
Referring Physician Dr. _____	MD OD DO	Phone: (____) _____
Next Available	Days Weeks Months	Schedule Within: _____ Spoke With: _____
Patient Name _____		DOB _____
Address _____		
HOME WORK CELL	Phone (____) _____	HOME WORK CELL
		Phone: (____) _____
Contact (if other than patient) _____		
Comments: _____		
Primary Insurance: _____	Secondary Insurance: _____	
ID: _____	ID: _____	
Group: _____	Group: _____	
Subscriber: _____	Subscriber: _____	

Diagnosis: _____		
Study being requested:		
<input type="checkbox"/> Cirrus OCT (Spectral Domain [SD])	<u>ALL LOCATIONS</u>	OS OD OU
<input type="checkbox"/> Spectralis OCT (Spectral Domain [SD])	<u>Sylvan only</u>	OS OD OU
<input type="checkbox"/> Color Fundus Photos	<u>ALL LOCATIONS</u>	
<input type="checkbox"/> OPTOS Widefield	<u>Sylvan Only</u>	OS OD OU
<input type="checkbox"/> Fluorescein Angiogram	<u>ALL LOCATIONS</u>	
Is FA Interpretation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		OS OD OU
<input type="checkbox"/> Ultrasound		
<input type="checkbox"/> Standardized A-Scan	<u>Providence Only</u>	OS OD OU
<input type="checkbox"/> Standardized B-Scan	<u>ALL LOCATIONS</u>	
*Signed Physician Orders are required for all studies being requested (see next page). *		

Please fax completed form and orders to: 866-843-7990 or call 503-274-2121 if *URGENT* or if you have questions.

Retina Northwest Ophthalmic Outside Diagnostic Orders

Patient Name: _____ Date of Birth: _____	Ordering Physician: _____ DX/ICD10 Code: _____
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OCT	<input type="checkbox"/> OS <input type="checkbox"/> OD <input type="checkbox"/> OU	<input type="checkbox"/> OCT: OPTIC NERVE <input type="checkbox"/> Guided Progressive Analysis Report <small>(only available if patient has had 3 or more studies of the same eye, at the same location)</small> <input type="checkbox"/> OCT: MACULA – Interpretation Required Physician Signature: _____
COLOR PHOTOS	<input type="checkbox"/> OS <input type="checkbox"/> OD <input type="checkbox"/> OU <input type="checkbox"/> D + M <input type="checkbox"/> 7 Field	<input type="checkbox"/> COLOR FUNDUS PHOTOGRAPHY <input type="checkbox"/> 2X DISC (Zeiss only) <input type="checkbox"/> OPTOS WIDEFIELD <u>Sylvan only</u> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  O.D. </div> <div style="text-align: center;">  O.S. </div> <div style="text-align: right; padding-right: 20px;"> Circle exact areas to be photographed. </div> </div> <p>Notes: _____</p> Interpretation: <input type="checkbox"/> Yes <input type="checkbox"/> No (Interpretation not available on Disc photos for glaucoma.) Physician Signature: _____
ANGIOGRAM	<input type="checkbox"/> OS <input type="checkbox"/> OD <input type="checkbox"/> OU <input type="checkbox"/> D + M <input type="checkbox"/> 7 Field	<input type="checkbox"/> FUNDUS FLUORESCIN ANGIOGRAPHY (includes Color Photos) All locations <input type="checkbox"/> OPTOS WIDEFIELD <u>Sylvan only</u> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  O.D. </div> <div style="text-align: center;">  O.S. </div> <div style="text-align: right; padding-right: 20px;"> <input type="checkbox"/> Circle exact area of <i>primary interest</i> in early phase. <input type="checkbox"/> Put a square around areas to be photographed in mid and late phases. </div> </div> <p>Notes: _____</p> Interpretation: <input type="checkbox"/> Yes <input type="checkbox"/> No Physician Signature: _____
ULTRASOUND	<input type="checkbox"/> OS <input type="checkbox"/> OD <input type="checkbox"/> OU	<input type="checkbox"/> Standardized A-Scan <u>Providence only</u> <input type="checkbox"/> Standardized B-Scan <u>All locations</u> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  O.D. </div> <div style="text-align: center;">  O.S. </div> <div style="text-align: right; padding-right: 20px;"> <input type="checkbox"/> Circle area of interest for lesions. </div> </div> <p>Notes: _____</p> Physician Signature: _____

I would like results: On DVD Printed Both

RNW Use: Pt. Dilated: _____ Results Mailed: _____ Orders scanned into DHC: _____