



EYEDOC OCT & RETINAL PHOTO FORM



ID NUMBER

FORM CODE: O R P

DATE: 04/08/2017
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

A. First Eye Imaging

1. First Eye: 1 Right Eye 2 Left Eye

FIRST EYE	
2. Pre-imaging pupil diameter: Range 1.00 to 9.00 mm	
_____ (mm)	<input type="checkbox"/> N/A

3. Retinal Photograph

- 1 Satisfied
- 0 Reservation
- Participant refused imaging
- N/A (unable to obtain)

Notes: _____

4. OCT

4a. Macular Angio 6	4b. Standard GCC	4c. Macular Angio 3	4d. Standard ONH	4e. 3D Disc	4f. Disc Angio 4.5
1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)	1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)	1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)	1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)	1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)	1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)
Notes: _____ _____ _____	Notes: _____ _____ _____	Notes: _____ _____ _____	Notes: _____ _____ _____	Notes: _____ _____ _____	Notes: _____ _____ _____

B. Second Eye Imaging

Complete only if selected for both eyes imaged

5. Second Eye: Right Eye Left Eye

SECOND EYE	
6. Pre-imaging pupil diameter:	
Range 1.00 to 9.00 mm	
_____ (mm)	<input type="checkbox"/> N/A

7. Retinal Photograph

- 1 Satisfied
- 0 Reservation
- Participant refused imaging
- N/A (unable to obtain)

Notes: _____

8. OCT

8a. Macular Angio 6	8b. Standard GCC	8c. Macular Angio 3	8d. Standard ONH	8e. 3D Disc	8f. Disc Angio 4.5
1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)	1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)	1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)	1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)	1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)	1 <input type="checkbox"/> Satisfied 0 <input type="checkbox"/> Reservation <input type="checkbox"/> Refused <input type="checkbox"/> N/A (unable to obtain)
Notes: _____ _____ _____	Notes: _____ _____ _____	Notes: _____ _____ _____	Notes: _____ _____ _____	Notes: _____ _____ _____	Notes: _____ _____ _____

9. Selected for double grading? **YES-COMplete PHE FORM**
 NO

Send images to the OCT reading center twice 2 weeks apart