

**\*\*\*\*\*Please fax or mail this report to the primary care physician listed below.\*\*\*\*\***

Dear Provider,

Please include the below information in your correspondence letter or return this form to us. We appreciate your time and commitment to our mutual Diabetic patients.

Sincerely,  
The BIMA Physicians

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

TO:

- Matthew L. Wright, D.O.
- David R. Jansma, M.D.
- John C. Wohar, D.O.

Beaver Internal Medicine Association  
1000 Dutch Ridge Road  
Beaver, PA 15009  
p 724-774-0232      f 724-770-7963

**Diabetic Retinopathy Eye Examination Report**

*For Office Use Only:*

Date of Examination: \_\_\_\_\_ Current Eye Medications: \_\_\_\_\_

***Dilated Fundus Examination?***  Yes  No

***Result of Examination:***

- No/Low risk for diabetic retinopathy (3072F)
- Moderate diabetic retinopathy changes (2022F)
- Early diabetic retinopathy changes (2022F)
- Severe diabetic retinopathy changes (2022F)

Other Ocular Conditions:

\_\_\_\_\_

Treatment Rendered:

\_\_\_\_\_

Recommendations:

- No treatment is necessary at this time, continue yearly monitoring for any changes.
- Close monitoring of ocular health status with a review in 3 months.
- Monitoring of ocular health status with a review in 6 months.
- Referral to \_\_\_\_\_

Provider's Signature \_\_\_\_\_