

Geauga Family Physicians

J. Brad Moritz, MD John Urbancic, MD Melanie Carlson, MD

Board Certified Family Physicians

13221 Ravenna Road Chardon, OH 44024
(440) 286-6155 FAX (440) 286-6156

Print Patient's Name: _____ Date of Birth: ____/____/____

My Family Physician is: Dr. Moritz ____ Dr. Urbancic ____ Dr. Carlson ____

I Authorize Geauga Family Physicians to obtain information from my optometrist or ophthalmologist concerning my eye exam results for glaucoma screening, diabetes eye exam or dilated retinal eye exam.

Print Name of patient / Guardian / Personal Representative

Signature of patient / Guardian / Personal Representative

Doctor _____: You are listed as the specialist for this patient's eye care. The patient notified us that you have seen them in the last few years. Please complete this form for the results of the patient's latest glaucoma screening, diabetes eye exam or dilated retinal eye exam. As this patient's Primary Care Physician, CMS now requires us to have this information in our medical record.

Date of Eye Exam: ____/____/____ **Please check all that applies for this patient and fax to (440) 286 - 6156 or mail this form to Geauga Family Physicians 13221 Ravenna Rd. Suite 8 Chardon, OH 44024.**

Glaucoma screening performed:

- Patient does not have Glaucoma
 Patient does have Glaucoma

Routine Diabetic Examination: On dilated fundoscopic examination of the retina, I found:

- NO DIABETIC RETINOPATHY**
- Mild retinal vascular changes consistent with **BACKGROUND DIABETIC RETINOPATHY**, but not requiring treatment at this time.
- Retinal vascular changes consistent with **DIABETIC RETINOPATHY** requiring further evaluation and possible laser treatment.

ADDITIONAL FINDINGS /COMMENTS:

Suggested Follow UP: ____ 1 year ____ Other _____

Ophthalmologist's or Optometrist's Name _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____