Initials:

Time: ___________
(request in box)

University of Rochester Eye Institute
Ophthalmic Photography Request Form

STRONG HEALTH

601 Elmwood Ave – Box #659
Rochester, NY 14642

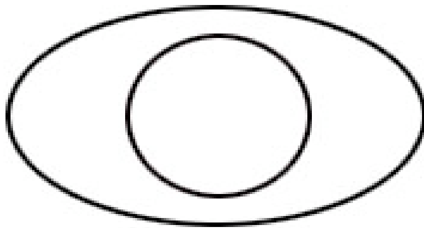
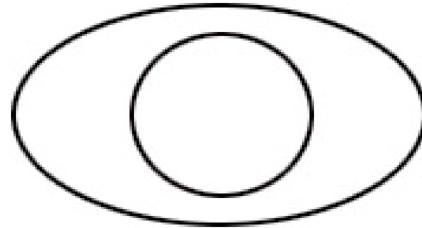
For Appointments call: (585) 275-3446
FAX forms to: (585) 506-4185

Completely fill out all patient data below: (required information)

Patient Name: ______________________ Diagnosis: ______________________
DOB: ______________________ Date of Test: ______________________
Referring Doctor: ______________________ (place of referral) ☐ Scheduled or ☐ Unscheduled/same day
DO NOT COVER DR'S NAME WITH LABEL

❍ Slit Lamp Photography:

Eye(s): ❍ OU ❍ OD ❍ OS
Area of Interest: ______________________
Specific Instructions: ______________________

❍ External Photography: ❍ Videography:

Eye(s): ❍ OU ❍ OD ❍ OS ❍ Other ______________________

❍ **Frontal View:**
- ❍ Full Face (1:7)
- ❍ Raccoon (1:4)
- ❍ Single Eye (1:2)
- ❍ Single Eye – Close View (1:1)
- ❍ 9 Cardinal Gazes

❍ **Side View:**
- ❍ Full Face 1:7 view
- ❍ Raccoon 1:4 view
- ❍ Single Eye 1:2 view
- ❍ Single Eye 1:1 view

❍ **Other:** ______________________

Comments/Instructions: ______________________

Date done: ____________ Eyes: ☐ OU ☐ OD ☐ OS
Time Finished: ☐ Castillo ☐ Fischer ☐ Howell ☐ Schaefer
________ ☐ other: ______________________
☐ No charge Test, Reason: ______________________

(Code: 1516)	OD	OS	OU
SLP	☐ 0427	☐ 0427	☐ 0428
EXT	☐ 0421	☐ 0421	☐ 0422
VIDEO	☐ 0421	☐ 0421	☐ 0422

☐ Bells Palsy 351.0	☐ Corneal edema, NOS 371.20	☐ Ectropion 374.10	☐ Hypertropia 378.31	☐ Proptosis, NOS 376.30
☐ Blepharitis/MGD 373.00	☐ Corneal Foreign body 930.0	☐ Entropion 374.00	☐ Hyphema 364.41	☐ Pterygium-central 372.43
☐ Blepharoconjunctivitis 372.20	☐ Corneal graft complication 996.51	☐ Esotropia 378.00	☐ Iris nevus 224.30	☐ Ptosis 374.30
☐ Carcinoma, Eyelid 173.1	☐ Corneal graft rejection 996.51	☐ Exophthalmos, NOS 376.30	☐ Lagophthalmos, NOS 374.20	☐ S/P Keratoprothesis
☐ Cataract 366.9	☐ Corneal Scar Central 371.03	☐ Exotropia 378.10	☐ Lattice Corneal Dystrophy 371.54	☐ S/P PK V42.5
☐ Chalazion 373.2	☐ Corneal Scar, Periphery 371.02	☐ Filamentary keratitis 370.23	☐ Lid Lesion 379.90	☐ S/P PK w/compli 996.51
☐ Conjunctival lesion 372.90	☐ Corneal ulcer, central 370.03	☐ Fuchs Corneal Dystrophy 371.57	☐ Lid Retraction/Lag 374.41	☐ Subconj hemor. 372.72
☐ Conjunctival nevus 372.55	☐ Corneal ulcer, margin 370.01	☐ Granular Corneal Dystrophy 371.53	☐ Multiple Sclerosis 340	☐ Uveitis 364.30
☐ Corneal abrasion/injury 918.1	☐ Conjunctivitis, mucopurlent 372.03	☐ Graves 242.00	☐ Neurofibromatosis 237.70	☐
☐ Corneal Dystrophy 371.50	☐ Dermatochalsis 374.87	☐ HSV dendritic 054.43	☐ Nystagmus, NOS 379.50	

Pt location: ☐ Cornea waiting rm ☐ Retina/Neuro waiting rm ☐ Neuro dilating ☐ Retina Dilating ☐ Clinic waiting rm ☐ Exam room #: ______

When test done: ☐ Pt to see ref doctor ☐ Pt can check-out ☐ Other: ______________________