



Diabetic Eye Exam
Fax Back Results to: (225) 765-9536

PCP: _____

_____ was seen for an annual diabetic eye exam. Patient D.O.B. _____

Visual Acuity was 20/_____ in the Right eye and 20/_____ in the Left eye.

☐ No Diabetic Retinopathy seen in either eye.

-Please choose the appropriate CPT II code below:

☐ **2023F** - Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy

☐ **2025F** - 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy

☐ **2033F** – Eye imaging validated to match diagnosis form 7 standard field stereoscopic retinal photos results documented and reviewed: without evidence of retinopathy

☐ Diabetic Retinopathy was seen in ☐ Right Eye ☐ Left Eye ☐ Both

Proliferative ☐ Right Eye ☐ Left Eye ☐ Both

Macular Edema ☐ Right Eye ☐ Left Eye ☐ Both

-Please choose the appropriate CPT II code below:

☐ **2022F** - Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed: with evidence of retinopathy

☐ **2024F** - 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: with evidence of retinopathy

☐ **2026F** - Eye imaging validated to match diagnosis form 7 standard field stereoscopic retinal photos results documented and reviewed: with evidence of retinopathy

Treatment Plan ☐ No treatment plan indicated at this time

☐ Treatment indicated:

Follow Up: ☐ 6 months ☐ 9 months ☐ 1 year

Ophthalmologist/Optometrist Signature: _____

Date: _____