

# RETINA NORTHWEST, P.C.

## DIAGNOSTIC SCHEDULING WORKSHEET

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Location:**

- Lake Oswego
- Providence
- Sylvan
- St. Vincent
- Vancouver

*Please remember to tell your patients that they should expect to be with us for at least 1 to 2 hours, and we suggest they bring a driver due to longer-lasting dilation.*

Referring Physician Dr. _____	MD OD DO	Phone: ( ) _____
<small>Next Available</small>	<small>Days Weeks Months</small>	
Schedule Within: _____		Spoke With: _____
Patient Name _____		DOB _____
Address _____		
<small>HOME WORK CELL</small>	Phone ( ) _____	<small>HOME WORK CELL</small>
Contact (if other than patient) _____		
Comments: _____		
Primary Insurance: _____		Secondary Insurance: _____
ID: _____		ID: _____
Group: _____		Group: _____
Subscriber: _____		Subscriber: _____

**Diagnosis:** \_\_\_\_\_

**Study being requested:**

<input type="checkbox"/> Cirrus OCT (Spectral Domain [SD])	<u>ALL LOCATIONS</u>	<b>OS OD OU</b>
<input type="checkbox"/> Spectralis OCT (Spectral Domain [SD])	<u>Sylvan only</u>	<b>OS OD OU</b>
<input type="checkbox"/> Color Fundus Photos	<u>ALL LOCATIONS</u>	
<input type="checkbox"/> OPTOS Widefield	<u>Sylvan or Vancouver</u>	<b>OS OD OU</b>
<input type="checkbox"/> Fluorescein Angiogram	<u>ALL LOCATIONS</u>	
Is FA Interpretation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>OS OD OU</b>
<input type="checkbox"/> Ultrasound <u>Providence location only</u>		<b>OS OD OU</b>
<input type="checkbox"/> Standardized A-Scan		<b>OS OD OU</b>
<input type="checkbox"/> Standardized B-Scan		

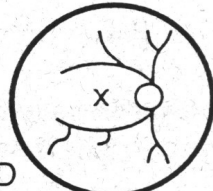
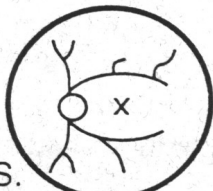
**\*Signed Physician Orders are required for all studies being requested (see next page). \***

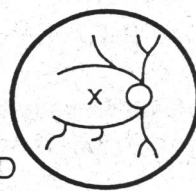
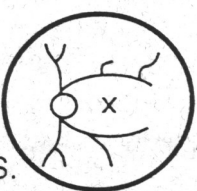
Please fax completed form and orders to: 866-843-7990 or call 503-274-2121 if *URGENT* or if you have questions.

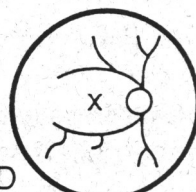
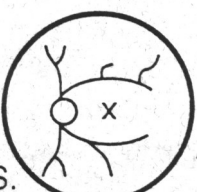
# Retina Northwest Ophthalmic Outside Diagnostic Orders

<b>Patient Name:</b> _____ <b>Date of Birth:</b> _____	<b>Ordering Physician:</b> _____ <b>DX/ICD10 Code:</b> _____
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<b>OCT</b>	<input type="checkbox"/> OS <input type="checkbox"/> OD <input type="checkbox"/> OU	<input type="checkbox"/> <b>OCT: OPTIC NERVE</b> <input type="checkbox"/> Guided Progressive Analysis Report <small>(only available if patient has had 3 or more studies of the same eye, at the same location)</small> <input type="checkbox"/> <b>OCT: MACULA – Interpretation Required</b>  <b>Physician Signature:</b> _____
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<b>COLOR PHOTOS</b>	<input type="checkbox"/> OS <input type="checkbox"/> OD <input type="checkbox"/> OU  <input type="checkbox"/> D + M <input type="checkbox"/> 7 Field	<input type="checkbox"/> <b>COLOR FUNDUS PHOTOGRAPHY</b> <input type="checkbox"/> <b>2X DISC</b> (Zeiss only) <input type="checkbox"/> <b>OPTOS WIDEFIELD</b> <u>Sylvan only</u>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             O.D.         </div> <div style="text-align: center;">             O.S.         </div> </div> <p style="text-align: right;">Circle exact areas to be photographed.</p> <p>Notes: _____</p> <p><b>Interpretation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Interpretation not available on Disc photos for glaucoma.)</p> <p><b>Physician Signature:</b> _____</p>
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<b>ANGIOGRAM</b>	<input type="checkbox"/> OS <input type="checkbox"/> OD <input type="checkbox"/> OU  <input type="checkbox"/> D + M <input type="checkbox"/> 7 Field	<input type="checkbox"/> <b>FUNDUS FLUORESCIN ANGIOGRAPHY (includes Color Photos)</b> <u>All locations</u> <input type="checkbox"/> <b>OPTOS WIDEFIELD</b> <u>Sylvan only</u>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             O.D.         </div> <div style="text-align: center;">             O.S.         </div> </div> <div style="margin-left: 200px;"> <input type="checkbox"/> Circle exact area of <i>primary interest</i> in early phase.   <input type="checkbox"/> Put a square around areas to be photographed in mid and late phases.       </div> <p>Notes: _____</p> <p><b>Interpretation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Physician Signature:</b> _____</p>
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<b>ULTRASOUND</b>	<input type="checkbox"/> OS <input type="checkbox"/> OD <input type="checkbox"/> OU	<input type="checkbox"/> Standardized A-Scan <u>Providence only</u> <input type="checkbox"/> Standardized B-Scan <u>Providence only</u>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             O.D.         </div> <div style="text-align: center;">             O.S.         </div> </div> <div style="margin-left: 200px;"> <input type="checkbox"/> Circle area of interest for lesions.       </div> <p>Notes: _____</p> <p><b>Physician Signature:</b> _____</p>
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**I would like results:**  On DVD     Printed     Both

RNW Use: Pt. Dilated: \_\_\_\_\_ Results Mailed: \_\_\_\_\_ Orders scanned into DHC: \_\_\_\_\_