



Retinal Eye Exam Tracking Form

Office of: _____

Internal Medicine Physicians thanks you for taking part in the care of our patients. As a part of our quality reporting, we track retinal eye exams for our patients with diabetes as well as screening for glaucoma. Please complete the form below indicating **exam date, whether or not this patient has the presence of diabetic retinopathy and/or glaucoma, as well as the specific ICD-10 code(s) you are using.** When you have completed the form, please fax it back to us at the number listed below. Thank you for your time and again, thank you for being a part of the care team.

Patient Name: _____

Date of Birth: _____

Date of Eye Exam: _____

Presence of Diabetic Retinopathy Yes No

Presence of Glaucoma Yes No

If yes, please include ICD-10 code(s): _____

Physician Signature or Office Stamp: _____

Please fax completed form to our secure centralized fax line (330) 868-5782.