

# Continuity and Coordination of Care

## Eye Care Consultation for Diabetic Patients



To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Patient's Primary Care Practitioner)

Address: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

The above named patient was examined by me on the date indicated above. A dilated fundus examination was performed with the following results:

- \_\_\_\_\_ No diabetic retinopathy was detected.
- \_\_\_\_\_ Background retinopathy was detected and requires monitoring. No treatment indicated.
- \_\_\_\_\_ Retinopathy requiring further testing and/or treatment was detected.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The patient was instructed to return for re-evaluation in \_\_\_\_\_ months.  
Please contact me if additional information is needed.

Sincerely,

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Phone Number)