



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/Optomestrist Signature: \_\_\_\_\_

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