**PATIENT EXAMINATION SUMMARY**

Prepared for {pat.firstName} {pat.lastName}

Date of Birth {pat.dob}

Examination Date {enc.date}

Thank you for choosing our office to serve your eye care needs. Below is a summary of findings from your eye health and vision examination. If you have any questions, please do not hesitate to contact us.

**VISUAL ACUITY AND PRESCRIPTION TESTING**

Visual acuity with current prescription: Right eye - 20/{test.19030.[OD Distance VA (20/)]}{test.19030.[OD Distance VA Modifier]}; Left eye - 20/{test.19030.[OS Distance VA (20/)]}{test.19030.[OS Distance VA Modifier]}; Near vision - 20/{test.19030.[OU Near VA (20/)]} {test.19030.[OU Near Distance VA Modifier]}

Visual acuity without correction: Both eyes: 20/{test.19031.[OU Distance VA (20/)]}

Best corrected visual acuity: Right eye - 20/{test.19054.[OD Distance VA (20/)]}{test.19054.[OD Distance VA Modifier]}; Left eye - 20/{test.19054.[OS Distance VA (20/)]}{test.19054.[OS Distance VA Modifier]}; Near vision - 20/{test.19054.[Near Add VA]}

**OCULAR HEALTH TESTING**

Lids and outer structures: Right eye - {test.19059.[Adnexa OD]}; Left eye - {test.19059.[Adnexa OS]}

Inside of eyelids: Right eye - {test.19059.[Palpebral Conjunctiva OD]}; Left eye - {test.19059.[Palpebral Conjunctiva OS]}

Conjunctiva (white surface of eye): Right eye - {test.19059.[Bulb Conj OD]}; Left eye - {test.19059.[Bulb Conj OS]}

Cornea (front lens of the eye): Right eye - {test.19059.[Cornea OD]}; Left eye - {test.19059.[Cornea OS]}

Lens: Right eye - {test.19059.[OD Lens]}; Left eye - {test.19059.[OS Lens]}

Internal Eye Pressure: Right eye: {test.19068.[OD icare IOP]}{test.19060.[OD GAT]} mm Hg; Left eye: {test.19068.[OS icare IOP]}{test.19060.[OS GAT]} mm Hg at {test.19068.[IOP icare Time]}{test.19060.[IOP GAT]}

Vitreous (jelly-like fluid inside eye): Right eye - {test.19073.[Vitreous OD]}; Left eye - {test.19073.[Vitreous OS]}

Optic Nerve (place where nerves exit eye): Right eye - {test.19075.[C/D H OD]}/{test.19075.[C/D V OD]}; Left eye - {test.19075.[C/D H OS]}/{test.19075.[C/D V OS]}

Macula (area of finest vision): Right eye - {test.19073.[Macula OD]}, Left eye - {test.19073.[Macula OS]}

Posterior Pole (center of retina): Right eye - {test.19073.[Post Pole OD]}; Left eye - {test.19073.[Post Pole OS]}

Peripheral Retina: Right eye - {test.19073.[Periphery OD]}; Left eye - {test.19073.[Periphery OS]}

**Diabetic Eye Disease**

Diabetic Macular Edema Evidence: Right - {test.19073.[DME Y/N OD]}; Left - {test.19073.[DME Y/N OS]}

Neovascularization of the Retina Evidence: Right - {test.19073.[NVE Y/N OD]}; Left - {test.19073.[NVE Y/N OS]}

Neovascularization of the Optic Disc Evidence: Right - {test.19075.[NVD Y/N OD]}; Left - {test.19075.[NVD Y/N OS]}

Today's examination showed: {assess.comments}

Again, thank you for choosing us for your eye care. Please call any time with questions. We look forward to seeing you next on or about {recall.date} for an {recall.reason}. Look for an appointment card in the mail with the specific day and time closer to your appointment.

Thank you!

{prov.firstName} {prov.lastName}, {prov.credentials}

Electronically signed at {gen.currTime} on {gen.currDate}