



To the Primary Care Provider: After data is entered by the Penn State Hershey Diabetes Institute, please file this form in the patient's medical record.

To	<b>Penn State Hershey Diabetes Institute</b>	Fax	<b>717- 531-0182</b>
From		Date	
Re	<b><u>Diabetic Eye Exam Documentation</u></b>	Pages	
Pl's PCP			

Dear Eye Care Professional,

In an effort to provide the best possible coordinated care for our patients with diabetes, we are requesting that after you perform your examination today you complete the information below and return it by fax.

These responses provide useful feedback on whether the patient is experiencing diabetes-related eye complications so this can be factored into any medical care plans we develop. Data from the form will be entered into the Diabetes Registry to help better manage the patient's diabetes. The form will be returned to the PCP office to be part of the patient's medical record.

Your expertise and collaboration are appreciated by the Penn State Hershey Diabetes Institute, the providers at this Practice, as well as our mutual patients. To facilitate this exchange of information, as noted above, **please FAX this form to: 717- 531-0182.** Alternately, it can be mailed to:

**Penn State Hershey Diabetes Institute**  
**500 University Drive, HS89, P.O. Box 850**  
**Hershey PA 17033-0850**

Eye Care Provider Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Dilated exam performed: Both Eyes / Right Eye / Left Eye Exam date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Diabetic Retinopathy observed **Right Eye:** None / Non-Proliferative / Proliferative / Macular Edema

Diabetic Retinopathy observed **Left Eye:** None / Non-Proliferative / Proliferative / Macular Edema

Eye Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*CONFIDENTIALITY STATEMENT\*\*\*\*\*

This fax transmission and any accompanying documents contain information for the Penn State Hershey Diabetes Institute. This information is confidential and/or privileged, intended only for the use of the individual or entity named on this transmission letter. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. Thank you.

*For further information, the Penn State Diabetes Institute telephone number is 717-531-7539.*

MR 1493

