



New York
Eye and Ear
Infirmary of
Mount
Sinai

MEDICAL PHOTOGRAPHY AND IMAGING ORDERS

Patient Name:

Date of Birth:

Bold fields are mandatory

Office: 212-979-4381

Appointments: 212-614-8301

310 East 14th Street
8TH FLOOR NORTH BLDG.

<input type="checkbox"/> Angiography: ICG Spectralis *Requires dilation order- pg2	Type: <input type="checkbox"/> Movie <input type="checkbox"/> Stills	Early Run: <input type="checkbox"/> R <input type="checkbox"/> L	Dx Code:
<input type="checkbox"/> Angiography: ICG Standard *Requires dilation order- pg2	Early Run: <input type="checkbox"/> R <input type="checkbox"/> L	Dx Code:	
<input type="checkbox"/> Corneal Topography	Site: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Dx Code:	
<input type="checkbox"/> Electrophysiology: EOG *Requires dilation order- pg2	Dx Code:		
<input type="checkbox"/> Electrophysiology: Full Field ERG *Requires dilation order- pg2	Dx Code:		
<input type="checkbox"/> Electrophysiology: Multifocal ERG *Requires dilation order- pg2	Dx Code:		
<input type="checkbox"/> Electrophysiology: VEP	Dx Code:		
<input type="checkbox"/> External Photography	Dx Code:		
<input type="checkbox"/> Fluorescein Angiography: Spectralis *Requires dilation order- pg2	Type: <input type="checkbox"/> Movie <input type="checkbox"/> Stills	Early Run: <input type="checkbox"/> R <input type="checkbox"/> L	Dx Code:
<input type="checkbox"/> Fluorescein Angiography: Standard *Requires dilation order- pg2	Early Run: <input type="checkbox"/> R <input type="checkbox"/> L	Dx Code:	
<input type="checkbox"/> Fluorescein Angiography: Wide Field *Requires dilation order- pg2	Early Run: <input type="checkbox"/> R <input type="checkbox"/> L	Dx Code:	
<input type="checkbox"/> Fundus: Standard *Requires dilation order- pg2	Site: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Dx Code:	
<input type="checkbox"/> Fundus: Auto FA Photography *Requires dilation order- pg2	Site: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Dx Code:	
<input type="checkbox"/> Fundus: Red Free Photography *Requires dilation order- pg2	Site: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Dx Code:	
<input type="checkbox"/> Fundus: Stereo Disc Photography *Requires dilation order- pg2	Site: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Dx Code:	
<input type="checkbox"/> Fundus: Wide Field Photography *Requires dilation order- pg2	Site: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B	Dx Code:	
<input type="checkbox"/> IOL Master: A Constant: _____ Target Refraction: _____ Dx Code: _____			
Preferred IOL Calculation Formula: <input type="checkbox"/> SRK/T <input type="checkbox"/> SRK II <input type="checkbox"/> Holladay <input type="checkbox"/> Haigis <input type="checkbox"/> Hoffer Q			
Right Eye Status: <input type="checkbox"/> Phakic <input type="checkbox"/> Aphakic <input type="checkbox"/> Pseudophakic Silicone <input type="checkbox"/> Pseudophakic Acryl <input type="checkbox"/> Silicone Filled Eye <input type="checkbox"/> Silicone Filled Aphakic <input type="checkbox"/> N/A			
Left Eye Status: <input type="checkbox"/> Phakic <input type="checkbox"/> Aphakic <input type="checkbox"/> Pseudophakic Silicone <input type="checkbox"/> Pseudophakic Acryl <input type="checkbox"/> Silicone Filled Eye <input type="checkbox"/> Silicone Filled Aphakic <input type="checkbox"/> N/A			

****DILATION ORDERS AND
REQUIRED SIGNATURE ON PAGE 2****



RDC PHOTO ORDER

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