

MEDICAL PHOTOGRAPHY AND IMAGING ORDERS

Dationt None	
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.
Angiography: ICG Spectralis *Requires dilation order- pg2	Type: Movie Stills	Early Run: R	L Dx Code:
Angiography: ICG Standard *Requires dilation order- pg2	Early Run: R L	Dx Code:	
Corneal Topography	Site: R L B	Dx Code:	
Electrophysiology: EOG *Requires dilation order- pg2		Dx Code:	
Electrophysiology: Full Field ERG *Requires dilation order- pg2		Dx Code:	
Electrophysiology: Multifocal ERG *Requires dilation order- pg2		Dx Code:	
Electrophysiology: VEP		Dx Code:	
External Photography		Dx Code:	
Fluorescein Angiography: Spectralis *Requires dilation order- pg2	Type: Movie Stills	Early Run: R	L Dx Code:
Fluorescein Angiography: Standard *Requires dilation order- pg2	Early Run: R L	Dx Code:	
Fluorescein Angiography: Wide Field *Requires dilation order- pg2	Early Run: R L	Dx Code:	
Fundus: Standard *Requires dilation order- pg2	Site: R L B	Dx Code:	
Fundus: Auto FA Photography *Requires dilation order- pg2	Site: R L B	Dx Code:	
Fundus: Red Free Photography *Requires dilation order- pg2	Site: R L B	Dx Code:	
Fundus: Stereo Disc Photography *Requires dilation order- pg2	Site: R L B	Dx Code:	
Fundus: Wide Field Photography *Requires dilation order- pg2	Site: R L B	Dx Code:	
IOL Master: A Constant:	Target Refraction:	Dx Code:	
Preferred IOL Calculation Formula:	SRK/T SRK II	Holladay	☐ Haigis ☐ Hoffer Q
Right Eye Status: Phakic	Aphakic Pseudor	ohakic Silicone	Pseudophakic Acryl
Silicone Filled Eye	Silicone Filled Aphal	kicN/A	
Left Eye Status: ☐ Phakic☐ Silicone Filled Eye		ohakic Silicone kic	Pseudophakic Acryl
LISHICOHE FINED Eye	Silicone Filled Aphal	KIU LIN/A	





MEDICAL PHOTOGRAPHY AND IMAGING

Mount Sinai	ORDERS	G			
Bold fields are	mandatory		242 5 1444 21		
Office: Telephone 212	2-979-4381 Appointm	ents: Telephone 212-614-8301	310 East 14th Street 8TH FLOOR NORTH BLDG.		
OCT: Anterior Segm	nent	Site: R L B	Dx Code:		
OCT: EDI	*Requires dilation order	Site: R L B	Dx Code:		
OCT: Microperimetr	y *Requires dilation order	Site: R L B	Dx Code:		
OCT: Nerve Raster		Site: R L B	Dx Code:		
OCT: RNFL		Site: R L B	Dx Code:		
OCT: Macula	*Requires dilation order	Site: R L B	Dx Code:		
Slit Lamp *Gon	ioscopy Requires Proparacaine ord	der Site: R L B	Dx Code:		
Specular Microscop	y *Requires Proparacaine ord	ler Site: R L B	Dx Code:		
Ultrasonography: A	Scan *Requires Proparacaine ord	der Site: R L B	Dx Code:		
Ultrasonography: B	Scan Right Clock	Position: Le	ft Clock Position:		
	Site: R	L B Dx Code:			
Ultrasonography: Ul	BM Right Clock	Position: Le	ft Clock Position:		
*Requires					
Proparacaine order	Site: R	☐ L ☐ B Dx Code:			
Pre - Procedure Dilation	on Medications:	Notify M	D if:		
☐1 (One) drop Propar	acaine 0.5% 1X OD	os 🗌 ou i. Pulse be	elow 60 BPM or above 100 BPM		
1 (One) drop Tropic	anamide 1% 1X OD		ising, swelling, exudate or auma to either eye		
		iii. Intraocu	ular pressure above 30 mm s to ordered dilation medications		
1 (One) drop Pheny	ephrine 2.5% 1X OD	OS OU v. Potentia	ıl for interaction with patient		
		current me dilation me	edication regime and ordered edications		
Instructions for procedur	<u>e:</u>				
MD Name	ME) Signature	Date Time		