

# Flaum Eye Institute at the University of Rochester

## Anterior Segment Imaging Form (Outside Referrals)

**Time Dilated:** \_\_\_\_\_

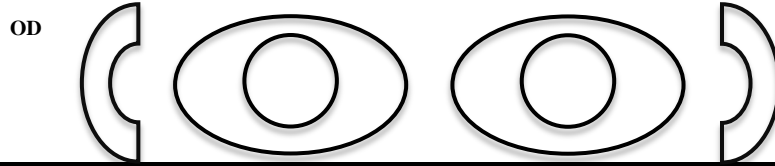
Initials:

Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

REFERRING DR: \_\_\_\_\_  
 ADDRESS/OFFICE: \_\_\_\_\_  
 OFFICE PHONE: \_\_\_\_\_

\*Need all information above before we can proceed with testing. Please indicate imaging needs below.

\*\*Unable to FAX any of the test results for items below\*\*



Comments/Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Use diagram to indicate area of interest for imaging below

External Ocular Photography – Close-up and Slit Lamp (SLP/EXP/IFA) <i>(Slit Lamp, External, and Iris Angiography)</i>		Master Charge Code (1516)		
TECH:		Right	Left	Bilateral
<input type="checkbox"/> <b>Slit Lamp Photography (SLP)</b> <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU <i>(done with slit lamp camera)</i>		<input type="checkbox"/> 0421*RT CPT Code: 92285	<input type="checkbox"/> 0421*LT CPT Code: 92285	<input type="checkbox"/> 0421 CPT Code: 92285
<input type="checkbox"/> <b>External Photography (EXP)</b> <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU <i>(done with 35 mm camera)</i> <input type="checkbox"/> <b>Frontal View</b> <input type="checkbox"/> <b>Side View</b> <input type="checkbox"/> <b>Eyes open and closed</b>		<input type="checkbox"/> <b>Full Face (1:10)</b> <input type="checkbox"/> <b>Raccoon (1:5)</b> <input type="checkbox"/> <b>Single Eye (1:2)</b> <input type="checkbox"/> <b>9 Cardinal Gazes</b> <input type="checkbox"/> <b>Other:</b> _____		
<input type="checkbox"/> <b>Iris Angiogram (IFA)</b> <input type="checkbox"/> OD primary <input type="checkbox"/> OS primary <b>Consent &amp; work-up needed</b> <i>(OU done, please select a primary eye. Do NOT dilate eyes prior to test. Done on HRA camera)</i>		<input type="checkbox"/> 0457*RT CPT Code: 92287	<input type="checkbox"/> 0457*LT CPT Code: 92287	<input type="checkbox"/> 0457 CPT Code: 92287

Ant Seg Photography Interpretation    OD		OS	
SLP	<input type="checkbox"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening	EXT	<input type="checkbox"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening
	<input type="checkbox"/> Dystrophy <input type="checkbox"/> Atrophy <input type="checkbox"/> Edema/Inflammation <input type="checkbox"/> Opacity/Scar		<input type="checkbox"/> Dystrophy <input type="checkbox"/> Atrophy <input type="checkbox"/> Edema/Inflammation <input type="checkbox"/> Opacity/Scar
IFA	<input type="checkbox"/> Normal <input type="checkbox"/> Leaking <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening	Normal <input type="checkbox"/> Leaking <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening	
<b>SIGNATURE :</b>			

Anterior Segment Imaging (CNF/OCT/VIS)    Specifics needed use diagram or speak with tech <i>(Visante OCT, Cirrus OCT or Confocal HRT)</i>		Master Charge Code (1516)		
TECH:		Right	Left	Bilateral
<input type="checkbox"/> <b>Anterior Segment Cirrus OCT (OCT)</b> <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU (best for hi-res cornea)		<input type="checkbox"/> 0512*RT <input type="checkbox"/> 0512*LT <input type="checkbox"/> 0512 CPT code 92132     CPT code 92132     CPT code 92132		
<input type="checkbox"/> <b>Anterior Segment Visante OCT (VIS)</b> <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU (best for angle)				
<input type="checkbox"/> Anterior Chamber/angle position: <input type="checkbox"/> at 90° <input type="checkbox"/> at 180°   Or _____				
<input type="checkbox"/> High-Res Cornea <input type="checkbox"/> Pachymetry Map				
<input type="checkbox"/> <b>Anterior Segment Confocal HRT (CNF)</b> <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU				

Ant Seg Imaging Interpretation    OD		OS	
OCT	<input type="checkbox"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening	VIS	<input type="checkbox"/> Normal <input type="checkbox"/> Consistent w/diagnosis <input type="checkbox"/> Stable <input type="checkbox"/> Improved <input type="checkbox"/> Worsening
CNF	<input type="checkbox"/> Dystrophy <input type="checkbox"/> Atrophy <input type="checkbox"/> Edema/Inflammation <input type="checkbox"/> Opacity/Scar		<input type="checkbox"/> Dystrophy <input type="checkbox"/> Atrophy <input type="checkbox"/> Edema/Inflammation <input type="checkbox"/> Opacity/Scar
<b>SIGNATURE:</b>			

ICD-9 Codes for External, Slit Lamp and Gonio Ocular Photography/Angiography and Imaging (P=Photo, O=Ant Segment, A=Angio)									
Cornea	Cornea (cont.)	Conjunctival	Iris/Ciliary body	Lids	Glaucoma	Orbit	Other:		
<input type="checkbox"/> Abrasion/superficial injury    P    918.1	<input type="checkbox"/> Opacity, peripheral            P    371.02	<input type="checkbox"/> Cysts                                    P    372.75	<input type="checkbox"/> Cysts, idiopathic                    P, O    364.60	<input type="checkbox"/> Blepharitis                            P    373.00	<input type="checkbox"/> Anatomical narrow angle            O    365.02	<input type="checkbox"/> Atrophy                                    P    376.45			
<input type="checkbox"/> Band keratopathy                    P    371.43	<input type="checkbox"/> Pannus                                    P    370.62	<input type="checkbox"/> Nevus, pigmentation                P    372.55	<input type="checkbox"/> Anterior synechiae                    P, O    364.72	<input type="checkbox"/> Chalazion                                P    373.2	<input type="checkbox"/> Assoc w/tumor or cyst                O, A    365.64	<input type="checkbox"/> Deformity, unspecified                P    376.40			
<input type="checkbox"/> Contact lens related edema        P    371.24	<input type="checkbox"/> Salzmann's nodules                 P    371.46	<input type="checkbox"/> Pinguecula                              P    372.51	<input type="checkbox"/> Disorder, iris/ciliary body         P    364.9	<input type="checkbox"/> Disorder of eyelid, unsp            P    374.9	<input type="checkbox"/> Pseudoexfoliation                    P, O, A    365.52	<input type="checkbox"/> Edema                                        P    374.82			
<input type="checkbox"/> Degeneration, periphery            P    371.48	<input type="checkbox"/> Scar/Opacity, central                P, O    371.03	<input type="checkbox"/> Pterygium, central                    P    372.43	<input type="checkbox"/> Floppy iris syndrome                P, O    364.81	<input type="checkbox"/> Entropion, unspecified                P    374.00	<input type="checkbox"/> Psuedoexfoliation glauc.            P, O, A    365.52	<input type="checkbox"/> Edema                                        P    374.82			
<input type="checkbox"/> Deposits, unspecified                P    371.10	<input type="checkbox"/> Scar/Opacity, peripheral            P    371.02	<input type="checkbox"/> Pterygium, progressive              P    372.42	<input type="checkbox"/> Hyphema, iris/ciliary body         P    364.41	<input type="checkbox"/> Hordeolum externum                 P    373.11	<input type="checkbox"/> Anatomical narrow angle            O    365.02	<input type="checkbox"/> Atrophy                                    P    376.45			
<input type="checkbox"/> Dystrophy, ABM                        P    371.52	<input type="checkbox"/> Tumor, benign                        P, O    224.4	<input type="checkbox"/> Pterygium, recurrent                P    372.45	<input type="checkbox"/> Iridoschisis                             P, O    364.52	<input type="checkbox"/> Hordeolum internum                 P    373.12	<input type="checkbox"/> Assoc w/tumor or cyst                O, A    365.64	<input type="checkbox"/> Deformity, unspecified                P    376.40			
<input type="checkbox"/> Dystrophy, Endothelial             P    371.57	<input type="checkbox"/> Tumor, malignant                    P, O    190.4	<input type="checkbox"/> Subconjunctival hemorrh            P    372.72	<input type="checkbox"/> Iris atrophy, other                    P, O    364.59	<input type="checkbox"/> Symbblepharon                        P    372.63	<input type="checkbox"/> Plateau syndrome                    O    364.82	<input type="checkbox"/> Edema                                        P    374.82			
<input type="checkbox"/> Dystrophy, Granular                P    371.53	<input type="checkbox"/> Ulcer, unspecified                    P    370.00	<input type="checkbox"/> Tumor, benign                        P    224.3	<input type="checkbox"/> Pigmentary degeneration            P    364.53	<input type="checkbox"/> Tumor, malignant                    P    190.3	<input type="checkbox"/> Posterior synechiae                 P, O    364.71	<input type="checkbox"/> Rubeosis                                  P    A    364.42			
<input type="checkbox"/> Dystrophy, Lattice                    P    371.54	<input type="checkbox"/> Ulcer – central, unspecified        P    370.03	<input type="checkbox"/> Subconjunctival hemorrh            P    372.72	<input type="checkbox"/> Plateau syndrome                    O    364.82	<input type="checkbox"/> Ulcer, hypoon                         P, O    370.04	<input type="checkbox"/> Posterior synechiae                 P, O    364.71	<input type="checkbox"/> Tumor, benign                        P    224.9			
<input type="checkbox"/> Ectasia                                  P, O    371.71	<input type="checkbox"/> Ulcer – marginal, unsp                P    370.01	<input type="checkbox"/> Tumor, malignant                    P    190.3	<input type="checkbox"/> Rubeosis                                  P    A    364.42	<input type="checkbox"/> Lids	<input type="checkbox"/> Tumor, malignant, unsp            P, O, A    190.0	<input type="checkbox"/> Tumor, benign                        P    224.9			
<input type="checkbox"/> Edema, NOA                            P    371.20	<b>Lens</b>	<input type="checkbox"/> Blepharitis                            P    373.00	<input type="checkbox"/> Tumor, benign                        P    224.9	<input type="checkbox"/> Anterior dislocation                P, O    379.33	<input type="checkbox"/> Tumor, malignant, unsp            P, O, A    190.0	<input type="checkbox"/> Ulcer, unspecified                    P    370.00			
<input type="checkbox"/> HSV, dendritic                        P    054.42	<input type="checkbox"/> Aphakia                                 P, O    379.31	<input type="checkbox"/> Chalazion                                P    373.2	<input type="checkbox"/> Tumor, benign                        P    224.9	<input type="checkbox"/> Other disorders                        P, O    379.39	<input type="checkbox"/> Anatomical narrow angle            O    365.02	<input type="checkbox"/> Ulcer – central, unspecified        P    370.03			
<input type="checkbox"/> HZO ophthalmicus                    P    053.20	<input type="checkbox"/> Posterior dislocation                P    379.34	<input type="checkbox"/> Disorder of eyelid, unsp            P    374.9	<input type="checkbox"/> Tumor, malignant                    P    190.3	<input type="checkbox"/> Keratitis, unspecified                P    370.9	<input type="checkbox"/> Assoc w/tumor or cyst                O, A    365.64	<input type="checkbox"/> Ulcer – marginal, unsp                P    370.01			
<input type="checkbox"/> HZO keratoconjunctivitis         P    053.21	<input type="checkbox"/> Pseudoexfoliation                    P    366.11	<input type="checkbox"/> Entropion, unspecified                P    374.00	<input type="checkbox"/> Tumor, malignant                    P    190.3	<input type="checkbox"/> Keratitis – punctate                 P    370.21	<input type="checkbox"/> Psuedoexfoliation glauc.            P, O, A    365.52	<input type="checkbox"/> Ulcer – marginal, unsp                P    370.01			
<input type="checkbox"/> KCN                                        P    371.60	<input type="checkbox"/> Subluxation                            P, O    379.32	<input type="checkbox"/> Hordeolum externum                 P    373.11	<input type="checkbox"/> Tumor, malignant                    P    190.3	<input type="checkbox"/> Keratitis - superficial, unsp        P    370.20	<input type="checkbox"/> Anatomical narrow angle            O    365.02	<input type="checkbox"/> Tumor, benign                        P    224.9			
<input type="checkbox"/> Keratitis, unspecified                P    370.9	<b>Anterior Chamber</b>	<input type="checkbox"/> Hordeolum internum                 P    373.12	<input type="checkbox"/> Tumor, malignant                    P    190.3	<input type="checkbox"/> Keratoconjunctivitis sicca         P    370.33	<input type="checkbox"/> Anatomical narrow angle            O    365.02	<input type="checkbox"/> Tumor, benign                        P    224.9			
<input type="checkbox"/> Keratitis – punctate                P    370.21	<input type="checkbox"/> Hyphema                                P    364.41	<input type="checkbox"/> HSV dermatitis                        P    054.41	<input type="checkbox"/> Tumor, malignant                    P    190.3	<input type="checkbox"/> Keratopathy – Bullous                P    371.23	<input type="checkbox"/> Assoc w/tumor or cyst                O, A    365.64	<input type="checkbox"/> Tumor, malignant, unsp            P, O, A    190.0			
<input type="checkbox"/> Keratitis - superficial, unsp        P    370.20	<input type="checkbox"/> PAS (goniosynechiae)                P, O    364.73	<input type="checkbox"/> Trichiasis                                P    374.05	<input type="checkbox"/> Tumor, malignant                    P    190.3	<input type="checkbox"/> K-F ring                                 P    371.14	<input type="checkbox"/> Plateau syndrome                    O    364.82	<input type="checkbox"/> Tumor, benign                        P    224.9			
<input type="checkbox"/> Keratoconjunctivitis sicca         P    370.33	<input type="checkbox"/> Pupillary abnormality                P, O    364.75	<input type="checkbox"/> Tumor, benign                        P    216.1	<input type="checkbox"/> Tumor, malignant                    P    190.3	<input type="checkbox"/> Neovascularization, unsp         P    370.60	<input type="checkbox"/> Psuedoexfoliation glauc.            P, O, A    365.52	<input type="checkbox"/> Tumor, benign                        P    224.9			
<input type="checkbox"/> Keratopathy – Bullous                P    371.23	<input type="checkbox"/> Pupillary membrane                P, O    364.74	<input type="checkbox"/> Tumor, malignant                    P    173.1	<input type="checkbox"/> Tumor, malignant                    P    190.3	<input type="checkbox"/> Opacity, unspecified                 P    371.00	<input type="checkbox"/> Anatomical narrow angle            O    365.02	<input type="checkbox"/> Tumor, malignant, unsp            P, O, A    190.0			
<input type="checkbox"/> Opacity, central                      P    371.03	<input type="checkbox"/> Recession of chamber                P, O    364.77	<input type="checkbox"/> Other:		<input type="checkbox"/> Opacity, central                      P    371.03	<input type="checkbox"/> Anatomical narrow angle            O    365.02	<input type="checkbox"/> Tumor, malignant, unsp            P, O, A    190.0			

<b>Pt. Location:</b>	<input type="checkbox"/> Cornea waiting room <input type="checkbox"/> Mixed services waiting room <input type="checkbox"/> Neuro/Glaucoma waiting room <input type="checkbox"/> Retina/comp waiting area	<input type="checkbox"/> Peds waiting room <input type="checkbox"/> Clinic waiting room <input type="checkbox"/> Exam room: _____ <input type="checkbox"/> Other: _____
<b>When done:</b>	<input type="checkbox"/> Pt. to see doctor <input type="checkbox"/> Pt check-out (3 <sup>rd</sup> floor/ground/Clinic) <input type="checkbox"/> Surgical Sch: _____ <input type="checkbox"/> Other: _____	