Flaum Eye Institute at the University of Rochester

AScan & IOLMaster Form (Outside Referrals)

Initials: _____

***Patient Name:** _____ ***REFERRING DR:** _____

***DOB:** _____ ***ADDRESS/OFFICE:** _____

****Diagnosis:** _____ _____

*Need all information (above and to right) before we can proceed with testing.

**Need ordering physician's signature and diagnosis.

******Please fill out all items in the left column below******

***OFFICE PHONE:** _____

*****FAX #:** _____

***Items below can be faxed if indicated. Please provide a FAX number if requesting results to be faxed.

****Ordering Physician Signature:**

IOLMaster & AScan *(ASC)*

TECH:

☐ Only do OD ☐ Only do OS *(ASC)*
(both eyes done unless otherwise indicated)

☐ IOLMaster and/or AScan (ASC)
- ☐ Surgery type: _____
- ☐ Surgical Eye: ☐ OD ☐ OS
- ☐ Target ref if other than plano: _____
- ☐ Use assumed K's of 45 ☐ OD ☐ OS

Please indicate any necessary settings, other than phakic, if phakic-mark phakic:

☐ Patient is phakic, no changes needed ☐ OD ☐ OS
- ☐ Aphakic setting: ☐ OD ☐ OS
- ☐ Pseudophakic setting: ☐ OD ☐ OS

Type of IOL *(silicone, PMMA, etc, if known. If type of IOL NOT known, use PMMA):*

_____

☐ Silicone Oil: ☐ OD ☐ OS

Please list any other previous surgeries or known eye conditions on both eyes below to help ensure good results: (ie. S/P PK, S/P Scleral Buckle, Corneal Dystrophy, S/P cat ext, S/P LASIK, etc.):

None

_____

_____

_____

Most recent refraction or current glasses RX:

OD:_____

OS:_____

Current best corrected vision:

OD:_____

OS:_____

Master Charge Code (1516)

Right	Left	Bilateral
IOLMaster only w/IOL calc. ☐ 0424*RT CPT 92136	IOLMaster only w/IOL calc. ☐ 0424*LT CPT 92136	IOLMaster only w/IOL calc. ☐ 0424 CPT 92136
AScan & IOLMaster w/IOL calc ☐ 0456*RT CPT 76519	AScan & IOLMaster w/IOL calc ☐ 0456*LT CPT 76519	AScan & IOLMaster w/IOL calc ☐ 0456 CPT 76519
AScan – axial length, no IOL calc ☐ 0300*RT CPT 76511	AScan, axial length, no IOL calc. ☐ 0300*LT CPT 76511	AScan – axial length, no IOL calc. ☐ 1300*50 CPT 76511

IOLMaster/AScan Interpretation

	OD	OS
ASC	☐ Normal axial Length ☐ Shorter than average length ☐ Longer than average length	☐ Normal axial Length ☐ Shorter than average length ☐ Longer than average length
IOL	☐ Axial length consistent with findings	☐ Axial length consistent with findings

ICD-9 Codes for IOLMaster, A-Scan, (I=IOL, A=A-Scan)

Lens

☐ Aphakia	A	I	379.31
☐ Ant. dislocation of lens	A	I	379.33
☐ Cataract, unspecified	A,	I	366.9
☐ Cataract nonsenile unsp	A,	I	366.00
☐ Cataract senile unspecif	A,	I	366.10
☐ Congenital Cataract uns	A,	I	743.30
☐ Post. dislocation of lens	A	I	379.34
☐ Pseudoexfoliation lens	A	I	366.11
☐ Subluxation of lens	A	I	379.32
☐ Mechanical Comp of IOL	A	I	996.53

**B-SCANS Must be scheduled with our Retinal Services. Please call 273-3937 to schedule an appointment with one of our retinal doctors.*

Other: _____

Pt. Location:	☐ Cornea waiting room	☐ Mixed services waiting room	☐ Neuro/Glaucoma waiting room	☐ Retina/comp waiting area
	☐ Peds waiting room	☐ Clinic waiting room	☐ Exam room: _____	☐ Other: _____
When done:	☐ Pt. to see doctor	☐ Pt check-out (3rr floor/ground/Clinic)	☐ Surgical Sch: _____	☐ Other: _____