

# Eye Photography Requisition

## Nova Scotia Eye Centre 473-4339

Patient Name Sample, Patient Beta

HC# 0001000009

DOB 1982/03/14

Phone# (902) 555-0248 work

Date Requested: 2014/05/28

Followup Appt: 2014/06/11

send results with patient

Requisition Number: 00006542

Appointment: \_\_\_\_\_

Send Copies to: 1. DR. FAMILY PHYSICIAN 2.

Diagnosis: \_\_\_\_\_

Requested and Authorized by DR. REQUESTING PHYSICIAN Sig: *Placitura*

### Fundus

#### Right Eye

- Macula
- Optic Nerve

#### Left Eye

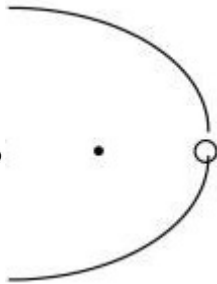
- Macula
- Optic Nerve

Instructions: Lis justo vel pulvinar ultrices, metus est sagittis lorem, at porta elit enim sit amet neque.

### OCT

#### Right Eye

- Line
- Fast Macular Thickness Map
- Raster Lines
- Cross Hair
- Radial Lines



#### Left Eye

- Line
- Fast Macular Thickness Map
- Raster Lines
- Cross Hair
- Radial Lines



Instructions: Vivamus vulputate placerat turpis ac vestibulum.

### Angiography

#### Right Eye

- Transit
- Fluorescein
- ICG

#### Left Eye

- Transit
- Fluorescein
- ICG

- HRA
- Autofluorescence

Instructions: \_\_\_\_\_

### HRT

#### Right Eye

- Macula
- Optic Nerve

#### Left Eye

- Macula
- Optic Nerve

Instructions: \_\_\_\_\_