Lakeridge Health

Outpatient Eye Clinic
Ophthalmic Imaging Request

Lakeridge Health Bowmanville
47 Liberty Street South,
Bowmanville, Ontario L1C 2N4
905−623−3331 Ext. 1441 / 1442

❒ **Dr. Mikhail** ❒ **Dr. Baziuk**

Date Requested: _____ Patient Name: _____

Diagnosis:

❒ Diabetic Retinopathy
❒ Neovascularization ❒ On disc ❒ Elsewhere
❒ Clinically Significant Macular Edema
❒ Histoplasmosis
(5 fields)

❒ **Chorodial Nevus**

❒ Age Related Macular Degeneration
❒ Subretinal Neovascular Membrane
❒ Branch Retinal Vein Occlusion
❒ Central Retinal Vein Occlusion
❒ Central Retinal Artery Occlusion
❒ Other

FLUORESCEIN ANGIOGRAM				**INDOCYANINE GREEN ANGIOGRAM**			
RIGHT	❒ EARLY	❒ MID	❒ LATE	RIGHT	❒ EARLY	❒ MID	❒ LATE
LEFT	❒ EARLY	❒ MID	❒ LATE	LEFT	❒ EARLY	❒ MID	❒ LATE