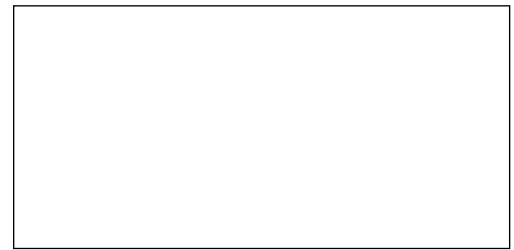




**Lakeridge
Health**

**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)

☐ **Choroidal Nevus**

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

FLUORESCEIN ANGIOGRAM

RIGHT ☐ EARLY ☐ MID ☐ LATE
LEFT ☐ EARLY ☐ MID ☐ LATE

INDOCYANINE GREEN ANGIOGRAM

RIGHT ☐ EARLY ☐ MID ☐ LATE
LEFT ☐ EARLY ☐ MID ☐ LATE

