

Test Order

Name:Patient Phone #:		Appointment Date: Date of Birth:			
Test	CPT/Diagnosis Code				
<u>B-Scan</u>	76512 Diagnosis:		Diagnosis C	ode:	
OCT – Macula	92134 Diagnosis:		_Diagnosis C	ode:	
OCT – Optic Nerve	92133 Diagnosis:		_Diagnosis C	ode:	
OCT – Anterior Seg	92132 Diagnosis:		_Diagnosis C	ode:	
OPD	Diagnosis:		-		
Fundus Photography	92250 Diagnosis:		_ Diagnosis (Code:_	
<u>Visual Field</u> 30-2 24-2 10-2					
Threshold	92083 Diagnosis:		_Diagnosis C	ode:	
Screening	92082 Diagnosis:		_Diagnosis C	ode:	
<u>Pachymetry</u>	76514 Diagnosis:		_Diagnosis C	ode:	
Corneal Topography	92025 Diagnosis:		Diagnosis C	ode:	
Inflammadry	83516 Diagnosis:				
Dry Eye Test (TearLab)	83861 Diagnosis:				
	Keratoconjuncti	vitis sicca	Diagnosis C Diagnosis C Diagnosis C	ode:	H16.22()
Doctor's Signature:		C	oate:		