



CASEY EYE
Institute

Ophthalmic Genetics Division
Casey Eye Institute

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Ophthalmic Genetics Testing Request Form

PATIENT: _____

DOB: _____ OHSU MRN# _____

PHONE/ADDRESS: _____

REFERRING PROVIDER/CLINIC: _____

REFERRING DIAGNOSIS/ICD-10 CODE: _____

INSURANCE & AUTHORIZATION

INSURANCE TYPE: _____

AUTHORIZATION REQUIRED? YES NO

AUTHORIZATION RECEIVED? YES NO AUTHORIZATION # _____

Tests available for ordering:

	Test	Brief Description
<input type="checkbox"/>	Full field ERG <i>Protocol: Espion DTL ISCE</i>	For assessment of generalized and diffuse retinal dysfunction or damage not easily diagnosed with fundus imaging or examination.
<input type="checkbox"/>	Multifocal ERG <i>Protocol: Espion DTL</i>	For assessment of occult macular conditions not easily diagnosed with OCT, fundus imaging, or examination.
<input type="checkbox"/>	Full Field Kinetic Perimetry <i>Protocol: Octopus 900;</i> <i>Interpretation by ordering provider</i>	Semi-automated quantitative version of Goldman perimetry.

_____ Date _____

Ordering Physician's Signature