

○ Minato City Medical Checkup Funduscopy: Request & Report Sheet

For requesting medical institution use only	Hospital	Please use a ball point pen and write firmly; this is a set of four carbon copied sheets.											
	Clinic												
	Please perform funduscopy in the following patient who have finished a regular medical checkup.	<Handover to ophthalmologist> Blood pressure / mmHg Treatment of high blood pressure Yes • No Treatment of diabetes Yes • No Other information <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>											
	1 9 <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> Fill in a 9-digit key code as right- aligned.												
		Date of birth		Sex									
	Name	Month	Day	Year	Male • Female								
		Tel.											

For ophthalmologist use only	Funduscopy				Completed on	Month	Day	Year
	*Fill in circles or necessary information in appropriate "Section" or "Result" spaces.							
	<Result>	Sections	Detailed funduscopy: one eye					
		Detailed funduscopy: both eyes						
		Camera (1 film): one eye						
		Camera (2 films): both eyes						
		Intraocular pressure (IOP) measurement						
	Retinal vascular sclerosis	KW	0	I	IIa	IIb	III	IV
	Classification of hypertensive fundus changes	SCHEIE (H)	0	I	II	III	IV	
		SCHEIE (S)	0	I	II	III	IV	
	Diabetic retinopathy	Davis' classification	1. No retinopathy 2. Simple diabetic retinopathy 3. Proliferative diabetic retinopathy 4. Proliferative diabetic retinopathy					
	IOP measurement	R	mmHg				Normal	
		L	mmHg				High IOP	
	Other comments							

Medical institution for medical checkup
Name
Address
Tel. ()

Medical institution for funduscopy
Name
Address
Tel. ()

(To Minato City)

Reference No.	
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