



SEARCH Pathology Notification

Subject ID# _____

Photo date ____/____/____

Eye

OD

OS

Grader _____

Grade date ____/____/____

Early

Immediate

Please check any lesions or conditions present that may require further evaluation:

Active Proliferative Retinopathy _____

NVD	_____	
NVE	_____	circle fields 1 2
PRH	_____	circle fields 1 2
VH	_____	circle fields 1 2
ret detach	_____	circle fields 1 2
scatter/local rx	_____	

Preproliferative Retinopathy _____

VB	_____	circle fields 1 2
significant IRMA	_____	circle fields 1 2
significant HMA	_____	circle fields 1 2

Macular Edema _____

Edema, not CSME	_____
CSME	_____
focal/grid rx	_____

Other _____

irregular nevus	_____	circle fields 1 2
recent BVO/CVO	_____	
large cup/disc ratio	_____	
other	_____	

Comments

Request for Additional Information

e-mailed ____/____/____
Reading List # _____