Patient Name/ID: Exam Date:

DOB:

**DIABETIC RETINOPATHY ASSESSMENT**

**DR Score:** 🞎Within Limits 🞎Borderline 🞎Outside Limits

**PHNR ASSESSMENT**

**B-Wave Implicit Time**

OD ms %

OS ms %

**PhNR at Minimum**

OD ms \_\_\_\_\_\_\_\_\_\_ OS ms **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OD µV \_\_\_\_\_\_\_\_\_\_ OS µV \_\_\_\_\_\_\_\_\_\_\_

OD W-ratio \_\_\_\_\_\_\_\_\_\_ OS W-ratio **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OD W-ratio % \_\_\_\_\_\_\_\_\_\_ OS W-ratio % **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FLICKER 16 ASSESSMENT**

OD ms 🞎 Within Limits 🞎 Borderline 🞎 Outside Limits

OD µV 🞎 Within Limits 🞎 Borderline 🞎 Outside Limits

OS ms 🞎Within Limits 🞎Borderline 🞎Outside Limits

OS µV 🞎Within Limits 🞎Borderline 🞎Outside Limits

**FLASH VEP**

OD P2 ms µV

OS P2 ms µV

**IMPRESSION:**

🞎Baseline 🞎Stable 🞎Resolving 🞎Worsening

**PLAN:**

**PHYSICIAN SIGNATURE:**

**DATE:**