

**DIAGNOSTIC IMAGING REQUEST FORM**

HOURS OF OPERATION: 9:00 AM - 4:30 PM

HARKNESS EYE INSTITUTE 1<sup>ST</sup> FLOOR TEL: (212) 305 - 9535 / (212) 305 - 0193  
635 W. 165<sup>th</sup> Street, New York, NY 10032

Patient's Name \_\_\_\_\_ Address \_\_\_\_\_

DOB \_\_\_\_\_ MRN \_\_\_\_\_ Telephone \_\_\_\_\_ Primary Insurance (Name/ID#) \_\_\_\_\_

Referring Physician \_\_\_\_\_ Referring Physician Phone \_\_\_\_\_ Date of Service: \_\_\_\_\_

**AUTHORIZATION TO BILL / RESPONSIBILITY FOR PAYMENT**

I request the payment of benefits either to me or on my behalf to Columbia Ophthalmology Consultants, Inc. for any services furnished to me by the provider of care. I authorize any holder of medical information about me to release to my insurance company any information needed to determine these benefits or the benefits payable for related services. I understand that I am responsible for all or any portion of the bill not covered by my insurance carrier.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**DIAGNOSIS**

- 362.51 AMD, Dry
- 362.52 AMD, Exudative
- 362.16 CNVM
- 362.57 Drusen
- 362.31 CRAO
- 362.32 BRAO
- 362.35 CRVO
- 362.36 BRVO
- 362.41 CSR
- 362.01 BDR
- 362.02 PDR
- 362.53 CME
- 078.5 CMV
- 360.21 Degenerative Myopia
- 361.00 Detachment, Rhegmatogenous
- 361.02 Detachment, Multiple Breaks
- 361.03 Detachment, Giant Tear
- 361.89 Detachment, Recurrent
- 361.2 Detachment, Serous
- 362.42 Detachment, RPE
- 379.21 PVD
- 364.00 Uveitis, Anterior
- 363.20 Uveitis, Posterior
- 362.54 Macular Hole
- 362.83 Macular/Retinal Edema
- 368.41 Scotoma w/ Central Area Involved
- 362.56 Macular Pucker
- 362.11 Hypertensive Retinopathy
- 361.00 Retinal Tear
- 362.54 Retinal Hole
- 379.23 Hemorrhage, Vitreous
- 362.81 Hemorrhage, Sub-Retinal
- 362.63 Lattice Degeneration
- 363.30 Chorioretinal Scar
- 224.6 Choroidal Nevus
- 364.41 Hyphema
- 364.42 Rubeosis Iridis
- 921.1 Trauma, Periocular

- 371.57 Corneal, Gutatta
- 366.16 Nuclear Cataract
- 366.17 Senile Cataract (total or mature)
- 366.30 Cataracta Complicata
- 365.9 Glaucoma
- 368.44 Visual Field Defect
- 377.00 Papilledema
- 377.10 Optic Atrophy
- 377.41 Ischemic Optic Neuropathy
- Other: \_\_\_\_\_

**PROCEDURES – (By Appt.)**

- 76512 B- Scan
- 76513 B- Scan, Anterior Segment
- 76519 A- Scan
- 92025 Corneal Topography
- 92081 MP1
- 92083 HVF
- 92132 OCT- SCODI- Anterior Segment
- 92133 OCT- SCODI- Posterior Segment; Optic Nerve
- 92134 OCT- SCODI- Posterior Segment; Retina
- 92235 Fluorescein Angiography
- 92240 Indocyanine-Green Angiography
- 92250 Fundus Photos
- 92270 EOG
- 92275 ERG
- 92285 Slit Lamp Photography
- 92286 Specular Biomicroscopy
- 92499 Confocal Microscopy
- Other: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

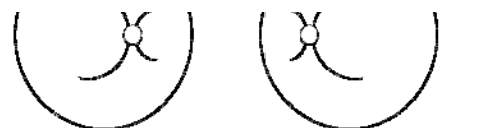
\_\_\_\_\_  
Attending/Resident

**DILATION ORDERS**

- Tropicamide 1% Other: \_\_\_\_\_
- Phenylephrine 2.5% Time Applied: \_\_\_\_\_
- Proparacaine 0.5%

PS

Posterior Segment  OD  OS  OU



OD Transit  OS

OD Sweeps/Periphery  OS

**Anterior Segment**

