Advanced Visual Function Testing Order Form

University of South Florida Eye Institute, Tampa, FL
Mailing address: 12901 Bruce B. Downs Blvd. MDC 21, Tampa, FL 33612
Physician Offices Only (813) 974-2020

Please fax this completed form with **patient's proof of insurance to (813) 974-6723**. Your patient will be scheduled promptly and notified by our office with the appointment date and time. This request must only be submitted by physician's office.

PATIENT

Name: ____________________________________
Address: __________________________________
____
____
Tel. number/s:______________________________

REFERRAL PHYSICIAN

Name: ____________________________________
Address: __________________________________
____
____
Phone: __________________________
Fax: __________________________

ELECTRORETINOGRAPHY (ERG)

☐ **Full-field (flash) ERG** ☐ **Pattern ERG**

Diagnostic Justification:

☐Vitamin A deficiency 264.50
☐Magnetic Intraocular Foreign Body 360.50
☐Foreign body, magnetic, in iris/ciliary 360.52
☐Retinoschisis and retinal cysts 361.1
☐Diabetic Retinopathy – Proliferative 362.02
☐Retinal Vasculitis 362.18
☐Retinopathy of Prematurity 362.21
☐Central retinal vein occlusion 362.35
☐Macular degeneration (senile), unspecified 362.50
☐Toxic maculopathy ____________ (Agent) 362.55
☐Peripheral retinal degeneration, unspecified 362.60
☐Hereditary retinal dystrophy, unspecified 362.70
☐Pigmentary retinal dystrophy 362.74
☐Stargardt's Disease 362.75
☐Retinitis Pigmentosa 362.76
☐Retinal Ischemia 362.84
☐Other retinal disorders 362.89
☐Cancer-Associated Retinopathy 362.89
☐Birdshot Choroidopathy 363.13
☐Choroiditis, unspecified 363.20
☐Choroidal degeneration, unspecified 363.40
☐Choroideremla 363.55
☐Sudden visual loss 368.11
☐Visual field defect, unspecified 368.40
☐Achromatopsia 368.54
☐Night blindness, unspecified 368.60
☐Congenital Stationary Night Blindness 368.61
☐Visual Loss 368.80
☐Acquired Night Blindness 369.62
☐Toxic optic neuropathy 377.34
☐Ischemic optic neuropathy 377.41
☐Nystagmus, unspecified 379.50
☐Leber's Congenital Amaurosis 734.56
☐Family history of Retinal Dystrophy V19.0
☐Other______________________________

☐ **ELECTROOCULOGRAPHY (EOG)**

Diagnostic Justification:

☐Best disease 362.78
☐Toxic maculopathy ____________ (Agent) 362.55
☐ Stargardt's disease 362.75
☐ Other______________________________
☐Maculopathy, acquired, non-specified 362.89

☐ **VISUAL EVOKED POTENTIAL (VEP)**

Diagnostic Justification:

☐ Optic neuritis – Retrobulbar 377.32
☐ Visual Impairment 369.20
☐ Optic neuritis – unspecified 377.30
☐ Hysterical Blindness 300.11
☐ Optic neuritis – Other 377.39
☐ Papillitis 377.31

COLOR PERCEPTION TESTS

☐ **D-15 Color test** ☐ **Roth 28 hue Color test** ☐ **100-Hue Color test**

Diagnostic Justification:

☐ Color Blindness - Congenital 368.59
☐ Color Blindness - Acquired 368.55
☐Other______________________________

ORDERING PHYSICIAN SIGNATURE: ____________________________________ DATE: ______________________

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(PRINT NAME)