

## 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 Telephone (813) 974-1736

**REFERRALS OUTSIDE OF USF HEALTH SYSTEM:** Please complete and sign this form and **fax this form with copies of: a) patient's proof of insurance and, b) ophthalmologist' last note to (813) 974-7659.** Your patient will be scheduled promptly and notified by our office with the appointment date and time. A report will be sent to you after the test. The form is also available at: <http://health.usf.edu/doctors/ophthalmology/services/visual-function-testing>

### PATIENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. number/s: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### REFERRAL PHYSICIAN

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### **ELECTRORETINOGRAPHY (ERG)**

**Full-field (flash) ERG**

**Multifocal ERG**

**Pattern ERG**

#### Diagnostic Justification:

- Vitamin A deficiency with night blindness E50.5
- Magnetic Intraocular Foreign Body H44.609
- Foreign body, magnetic, in iris/ciliary, unspec. H44.689
- Retinoschisis and retinal cysts, unspecified H33.199
- Diabetic Retinopathy – Proliferative E13.359
- Retinal Vasculitis, unspecified H35.069
- Retinopathy of Prematurity, unspecified H35.109
- Central retinal vein occlusion, unspecified H34.819
- Macular degeneration dry (senile), unspecified H35.31
- Toxic maculopathy, unspecified \_\_\_\_\_ (Agent) H35.389
- Peripheral retinal degeneration, unspecified H35.40
- Hereditary retinal dystrophy, unspecified H35.50

- Pigmentary retinal dystrophy H35.52
- Stargardt's Disease H35.53
- Retinitis H35.52
- Retinal Ischemia H35.82
- Other retinal disorders H35.89
- Cancer-Associated Retinopathy H35.89
- Birdshot Choroidopathy H30.9
- Choroiditis, unspecified H30.92
- Choroidal degeneration, unspecified H31.109
- Choroideremia H31.21
- Sudden visual loss, unspecified H53.139
- Visual field defect, unspecified H53.40

- Achromatopsia H53.51
- Night blindness, unspecified H53.60
- Congenital Stationary Night Blindness H53.63
- Visual Loss, unspecified H54.7
- Acquired Night Blindness H53.62
- Toxic optic neuropathy H46.3
- Ischemic optic neuropathy, unspecified H47.019
- Nystagmus, unspecified H55.00
- Leber's Congenital Amaurosis H35.50
- Family history of Retinal Dystrophy H35.50
- Other \_\_\_\_\_

### **ELECTROOCULOGRAPHY (EOG)**

#### Diagnostic Justification:

- Behcet's disease M35.2
- Toxic maculopathy, unspecified \_\_\_\_\_ (Agent) H35.389

- Stargardt's disease H35.53
- Other \_\_\_\_\_

- Maculopathy, acquired, non-specified H35.89

### **Visual Evoked Potential (VEP)**

**Full-field (flash) VEP**

**Multifocal VEP**

**Pattern VEP**

#### Diagnostic Justification:

- Optic neuritis – Retrobulbar H46.10
- Visual Impairment H54.2

- Optic neuritis – unspecified H46.9
- Hysterical Blindness F44.6

- Optic neuritis – Other H46.8
- Papillitis, unspecified H46.00

### **COLOR PERCEPTION TESTS**

**D-15 Color Test**

**Roth 28 Hue Color Test**

**100 – Hue Color Test**

#### Diagnostic Justification:

- Color Blindness - Congenital H53.59

- Acquired color vision deficiency H53.52

- Other \_\_\_\_\_

ORDERING PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_