

PATIENT NAME: _____ DOB: ___/___/___ TODAY'S DATE: ___/___/___
(LAST, FIRST)

You are currently due for your Diabetic Retinal Eye Exam

Please complete the following:

- Schedule your appointment as soon as possible with an eye specialist
- Inform the scheduler that you need a Diabetic Retinal Eye Exam
- Turn in this paper on the day of your appointment

Clinic name: _____

Phone number: _____

Address: _____

Referring Provider: _____

EYE CARE PROFESSIONAL:

Please send a copy of the patient's chart
note and results to **Clinic Name**
by faxing it to XXX-XXX-XXXX.

043662 (09-2017)

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PREMERA | 

BLUE CROSS

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