

# EXAMINATION

## Supplementary Tests

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Patient \_\_\_\_\_ Date \_\_\_\_\_

**Fundus Photography** (92250)    35mm    35mm/Stereo    Polaroid    Digital

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

**Gonioscopy** (92020)

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

**Visual Fields** (92081, 92082, 92083)

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

**Sensorimotor Examination** (92060)

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