



Reading Center Photograph Transmittal Log

Instructions: The Clinic Coordinator should complete this form whenever photographic materials are sent to the Reading Center. List the visit photographs separate from the treatment photographs when applicable. For a missed visit or visit at which required photographs were not taken, include a Photograph Inventory Form and provide an empty labeled slide page *and indicate in the Comments column below "No Photos"*. For Visit Type and Visit # check the list of the valid CAPT visit codes listed below.

	ID Number	Name Code	Visit Type	Visit #	Comments
1.	___ - ___ - C	_____	___	___	_____
2.	___ - ___ - C	_____	___	___	_____
3.	___ - ___ - C	_____	___	___	_____
4.	___ - ___ - C	_____	___	___	_____
5.	___ - ___ - C	_____	___	___	_____
6.	___ - ___ - C	_____	___	___	_____
7.	___ - ___ - C	_____	___	___	_____
8.	___ - ___ - C	_____	___	___	_____
9.	___ - ___ - C	_____	___	___	_____
10.	___ - ___ - C	_____	___	___	_____
11.	___ - ___ - C	_____	___	___	_____
12.	___ - ___ - C	_____	___	___	_____
13.	___ - ___ - C	_____	___	___	_____
14.	___ - ___ - C	_____	___	___	_____
15.	___ - ___ - C	_____	___	___	_____

Visit Type: IV (Initial Visit), TR (Post treatment photographs following IV treatment), FV (regularly scheduled Follow-up Visit), TE (Post treatment photographs following 12 mo. laser treatment), MV (Missed Visit), EX (Exudative Event only), OV (Outside Visit), SV (Safety Visit).

Visit Numbers: 00, 03, 06, 12, 15, 24, 36, 48, 60, XX (between scheduled visits).

Prepared by: _____ Cert #: _____ Date: ___ - ___ - ___
Please print name Month Day Year

FAX #: _____ Clinic # ___ Site # ___

Received at RC: _____ Checked by Reading Center: _____