

FO (105.2)
12/17/2013
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INSTRUCTIONS: Slit lamp examination and ophthalmoscopy of both eyes are required.			
1. I	ntraocular Pressure		
	Right Eye: mm Hg Left Eye: r	nm Hg	
SL	IT LAMP EXAMINATION		
2.	Are there any new or worsened abnormalities in the anterior structures of either eye since the slit lamp examination done at the last CATT study visit? (check one)	2.A. Describe abnormalities: 1. Right Eye 2. Left Eye	
	□ ₀ No		
	☐ ₁ Yes————————————————————————————————————	2.B. Reason slit lamp evaluation not done:	
INDIRECT OPHTHALMOSCOPY 3. Are there any new or worsened abnormalities in the retina/retinal vessels, optic disc or macula of either eye			
	since the last ophthalmoscopy done at the last CATT study visit? (check one)	3.A. Describe abnormalities:	
	□ ₀ No	1. Right Eye	
	□₁ Yes —	2. Left Eye	
	☐ ₂ Ophthalmoscopy not done	3.B. Reason ophthalmoscopy not done:	
4.	Date of Examination/ /2 0 1 Month Day Year		
5.	Signature of Ophthalmologist performing examination		
	Signature of Examining Ophthalmologist	Date of Signature	

6. Ophthalmologist certification number: ___ _