



# RETAKE

## Photograph Inventory Form

For photographs retaken at request of Reading Center

Clinic #: \_\_\_

RetakePIF Ver. 01

07/01/02

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**Instructions:** The Clinic Coordinator should complete this form to submit with each set of retake photographs sent to the Reading Center, along with the Photograph Retake Request Form.

### A. PATIENT INFORMATION

ID #: \_\_\_ - \_\_\_ - C Name Code: \_\_\_ Visit Type: \_\_\_ Visit #: \_\_\_

### B. PHOTOGRAPHS:

**Color stereo pairs:**

Check at least one box for each field

- |                | Right                      | Left                       | None                       |
|----------------|----------------------------|----------------------------|----------------------------|
| 1. Disc        | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| 2. Macula      | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| 3. Extra Field | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |

	Yes	No
Fluorescein Angiogram enclosed:	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Check here if ICG enclosed  1

Comments:

**Date Retake Photographs Were Taken:**

Color photographs    \_\_\_ - \_\_\_ - \_\_\_  
Month   Day   Year

Fluorescein Angiogram    \_\_\_ - \_\_\_ - \_\_\_  
Month   Day   Year

**None Taken:**

Photographer Cert. #    \_\_\_     1

Photographer Cert. #    \_\_\_     1

### C. ADMINISTRATIVE INFORMATION

Check if Reading Center Exudative Event Form Enclosed:  1

Prepared by: \_\_\_\_\_ Cert #: \_\_\_\_\_ Date: \_\_\_ - \_\_\_ - \_\_\_  
Please print name Month Day Year

FAX #: \_\_\_\_\_ Clinic # \_\_\_ Site # \_\_\_

Date Received at Reading Center: \_\_\_ - \_\_\_ - \_\_\_  
Month Day Year

Reading Center Notice Sent:  1     0  
 Yes                          No

Materials Complete: \_\_\_ - \_\_\_ - \_\_\_  
Month Day Year

Photographs Returned to Clinic:  1     0  
 Yes                          No

Data Update Complete  1



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