

# Eye and Adnexa Examination

## Referral Instructions

This optional eye exam form can be used to record your observations. Please fill it out to the best of your ability and email (photo/scan) it back to us. If you are able to also photograph the eyes during your consultation it can be very helpful to us.



## Animal Eye Services

OPHTHALMOLOGY SPECIALISTS

Patient Name \_\_\_\_\_ Age \_\_\_\_\_  
 Breed \_\_\_\_\_ Exam Date \_\_\_\_\_ Sex M  F

<b>RIGHT EYE (OD)</b>	<b>Cornea</b>	<b>LEFT EYE (OS)</b>
P  A	<b>Lens</b>	A  P
	<b>Fundus</b>	
A = Anterior P = Posterior		

## Descriptive Comments

	OD	OS		OD	OS
Pupillary Light Reflex (PLR) (+ve/-ve)			Fluorescein Stain (+ve/-ve)		
	L → R	R → L	Intraocular Pressure (mmHg) (+ve/-ve)		
Indirect Pupil Light Reflex (+ve/-ve)			Differential Diagnosis (+ve/-ve)	_____	
Palpebral Reflex (+ve/-ve)			_____		
Dazzle Reflex (+ve/-ve)			_____		
Menace Response (+ve/-ve)			Current Medications	_____	
Schirmer Tear Test (mm/min)			_____		

### Your Details

Consulting Vet \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Phone Number \_\_\_\_\_

### Owner Details

Owners Name \_\_\_\_\_  
 Contact Number \_\_\_\_\_  
 Email \_\_\_\_\_

Phone us for advice or emergency consultations, our team is here to help.



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