

Date: _____ Collection Time: _____

Please check involved eye: OD OS OU

Diagnosis: _____
 Conjunctivitis Clinical Onset _____
 Keratitis
 Blepharitis
 Other: (diagnostic code) _____

Treatment Instituted: _____

Source of Specimen: Cornea _____ Conj. _____ Lids _____
 Other: _____

Tests Requested* (CPT Code)
 Bacterial Culture Aerobic (87070) Viral Culture (87252)†
 Fungal Culture (87102) (Specify virus _____)
 Smear Gram/Giemsa (87205) HSV Shell Vial (ELVIS) (87255)
 Acanthamoebae Culture (87081)† Chlamydia PCR (87491)
 Other Culture _____ Other PCR _____

* Antibiotic susceptibilities and bacterial/fungal I.D.s will be performed on clinically appropriate pathogens for additional charges unless otherwise notified.

† PCR will be performed for additional charges unless otherwise notified.

Patient Name: _____

Medical Record No.: _____

Date of Birth: _____

Physician/Location: _____

Patient Referred to: _____

Medicare and Medicaid will only pay for those tests which are medically necessary for the diagnosis or treatment of a beneficiary. You, the ordering physician are responsible for assuring the medical necessity of the testing order. The Office of the Inspector General for The Federal Department of Health Services considers the ordering of medically unnecessary tests to be an abusive and/or fraudulent practice which can subject the person ordering the tests to sanctions or remedies available under civil, criminal or administrative law.

THIS SPACE FOR RESULTS ONLY

Bacitracin _____ mm	Sulfa _____ mm
Erythromycin _____ mm	Amikacin _____ mm
Vancomycin _____ mm	Ceftazidime _____ mm
Gentamicin _____ mm	Azithromycin _____ mm
Ciprofloxacin _____ mm	Ampicillin _____ mm
Ofloxacin _____ mm	Clindamycin _____ mm
Trimethoprim _____ mm	Gatifloxacin _____ mm
Polymyxin B _____ mm	Moxifloxacin _____ mm
Cefazolin _____ mm	Cefoxitin _____ mm
Tobramycin _____ mm	

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Cefazolin _____ mm	Cefoxitin _____ mm
Tobramycin _____ mm	

Received: _____

Out: _____