

Date: _____ Collection Time: _____

Please check involved eye: Right Left Both

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) HSV 1+2 AmpliVue (87529)
 Fungal Culture (87102) HSV 1+2 PCR (87529)
 Smear Gram/Giemsa (87205) ADV PCR (87798)
 Acanthamoebae Culture (87081) Chlamydia NAAT (87491)
 Acanthamoebae PCR (87798) Other PCR _____
 Other Culture _____

* Antibiotic susceptibilities and bacterial/fungal I.D.s will be performed on clinically appropriate pathogens 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
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Received: _____

Out: _____