Separate Interpretation Report ____ Visual Field ____Nerve Fiber Analysis ____Fundus Photo ____A-Scan ___OD ___OS ___OU **Technician Comments:** Patient:_____ D.O.B.____ Date Performed:_____ Technician Initials:_____ Ordering Physician: Dr. Gagan J. Singh, M.D. **Physician Interpretation:** SITA STANDARD 24-2 / OTHER OD OS **Results: Visual Field** Reliable / Less Reliable Reliable / Less Reliable Normal Normal Abnormal Abnormal A-Scan Axial Length Axial Length K's K's ACD ACD **Implications:** Glaucoma Glaucoma Glaucoma Suspect Glaucoma Suspect Stable Stable No Evidence Neurological Defect No Evidence Neurological Defect Impact on Treatment\Prognosis: Continue current medications Continue current medications Observation Observation Further Testing Further Testing Intended Post-Operative Refraction: Manifest OD_____ Date CE OD:_____ OS Date CE OS:_____

Date:

Ordering Physician's Signature