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| C:\Users\yumang\AppData\Local\Temp\1\Temp1_RGB-screen.zip\RGB (screen)\JPG\CEI-1CBLACK-POS.jpg**Oregon Health & Science University** **Casey Eye Institute – Ultrasound Service****Ophthalmic Ultrasound Request**Please fax to number below*P: 503-494-6795 F: 503-494-5188*  | NAME Click or tap here to enter text.BIRTHDATE Click or tap here to enter text.*Patient Identification* |
| **Indication:** Click or tap here to enter text.

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| --- | --- |
| **B-scan:**OD [ ]  OS [ ]  OU [ ]  | **B-scan with Diagnostic A-scan:** OD [ ]  OS [ ]  OU [ ]  |
| **Ultrasound Biomicroscopy:** OD [ ]  OS [ ]  OU [ ]  | **Axial Length (immersion):** OD [ ]  OS [ ]  OU [ ]  |

**COMMENTS:** Click or tap here to enter text.**vancouver_eye.tif**Physician: Click or tap here to enter text.Instructions for follow-up: Click or tap here to enter text.Signature:  |