

Search

Advanced

All Today

Add

Name ▼	Patient ID	Date of Birth	Provider
Angilan, Ruth	CMT24930	7/29/1945	Dr. Who
Beadle, Evon	CMT24931	1/3/1990	Dr. Quinn
Derr, Leena	CMT24932	12/13/1984	Dr. Seuss
Griffen, Cathrine	CMT24933	8/31/1988	Dr. Strange
Harrigan, Amos	CMT24934	2/6/2000	Dr. Howser
Najar, Kasi	CMT24935	10/15/1953	Dr. Jeong
Runyon, Tabatha	CMT24936	2/15/1949	Dr. McStuffin
Tweed, Elenor	CMT24937	1/9/1944	Dr. Drew
Walk, Stephine	CMT24938	11/1/1960	Dr. Oz
Wambach, Nickole	CMT24939	4/25/1989	Dr. Omalu

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Griffen, Cathrine	CMT24933	8/31/1988	Dr. Strange
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Runyon, Tabatha	CMT24936	2/15/1949	Dr. McStuffin
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## Angilan, Ruth

Patient ID

DOB

Age

Gender

Refractive Error OD

OS

Eye Color

## History

- 2/5/2016 FA, Color, FAF
- 1/2/2015 Color, FAF
- 10/15/2014 Color, FAF
- 3/6/2013 Color
- 2/11/2010 FAF, FA

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Tweed, Elenor	CMT24937	1/9/1944	Dr. Drew
Walk, Stephine	CMT24938	11/1/1960	Dr. Oz
Wambach, Nickole	CMT24939	4/25/1989	Dr. Omalu

## Beadle, Evon

Patient ID DOB Age Gender Refractive Error OD   OS   Eye Color 

### Prior Visits

2/5/2016	Custom Workflow
12/5/2015	Diabetic Retinopathy
10/1/2015	Diabetic Retinopathy

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### New Patient Information

Save

Cancel

First name

Middle name (optional)

Last name

Generate ID

Date of Birth (mm/dd/yyyy)

#### Gender

Male	Female	Other	Unknown
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#### Refractive Error (optional)

Sphere	Cylinder	Axis
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Visual Acuity

OD  OS

Provider (optional)

Notes

Review

Acquire

Search

**Advanced**

Last name		First name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Scan Type			
Patient ID	Age	from	<i>Enter here</i>	to	<i>Enter here</i>
Visit Date	<i>from</i>		to		
Accession Number		Provider			

**Cancel** **Search**

**All** Today

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### New Patient Information

**Save** **Cancel**

First name

Middle name (optional)

Last name

**Generate ID**

Date of Birth (mm/dd/yyyy)

Gender

Male  Female  Other  Unknown

Refractive Error (optional)

Sphere	Cylinder	Axis
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<input type="text"/>	<input type="text"/>	<input type="text"/>

Visual Acuity

OD  OS

Provider (optional)

Notes

**Review**

**Acquire**

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Last name		First name
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Patient ID	Scan Type True Color FAF Red NIR FAF Green Blue FA ICGA	
Visit Date	from	
Accession Number		

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Cancel

First name

Middle name (optional)

Last name

Generate ID

Date of Birth (mm/dd/yyyy)

#### Gender

Male	Female	Other	Unknown
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#### Refractive Error (optional)

Sphere	Cylinder	Axis
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Visual Acuity

OD  OS

Provider (optional) ▼

Notes

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Last name		First name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Scan Type			
Patient ID	Age	from	Enter here	to	Enter here
Visit Date	from		to		
Accession Number	Provider				

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- Provider
- Dr. Who
- Dr. Quinn
- Dr. Seuss
- Dr. Strange
- Dr. Howser
- Dr. Jeong
- Dr. McStuffin
- Dr. Drew
- Dr. Oz
- Dr. Omalu
- Dr. Phil
- Dr. McCoy

### New Patient Information

Save Cancel

First name

Middle name (optional)

Last name

Date of Birth (mm/dd/yyyy)

Gender

Male  Female  Other  Unknown

Refractive Error (optional)

Sphere	Cylinder	Axis
Enter value	Enter value	Enter value
Enter value	Enter value	Enter value

Visual Acuity

OD  OS

Provider (optional)

Notes

Review

Acquire