clarity eye

MacuMira

MACUMIRA REPORTING FORM

# Co-Management Reporting Form

Patient Name

OD Information

Visiting Date _____

2 Week Post Loading ☐ 2 Week Post Maintenance ☐

Other: _____

MacuMira Treatment Date: _____

| OD | OS |
|---|---|
| BCVA: _____ | BCVA: _____ |
| Contrast Sensitivity: _____ | Contrast Sensitivity: _____ |

***Send Fundus Images and OCT to:*** *referrals@clarityeye.ca*

Fundus Photos Sent: No _____ Yes _____

OCT Mac Scan Performed on Patient: No _____ Yes _____

Doctor's Comment:

Excellent ☐ Stable ☐

Other:

Comments from Patient:

**Our vision is excellence.**

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