

Patient's Information

First : _____ Last : _____
(Patient's name)

Exam Date: _____

Subscriber Name: _____
(If different than patient's name)

Subscriber ID: _____

Eye Exam Provider Information

Doctor's Name: _____

Practice Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _(____) _____ Fax: _(____) _____

Clinical Eye Exam Findings and Concerns

Existing Diagnosis(es): _____

Potential New Diagnosis(es): _____
(check *Reasons for Recommendation* below)

Findings/Provider's Notes

Recommendations to Patient

- Contact PCP (Primary Care Provider)
- Contact Health Plan Specialist
- Contact Medical Health Plan Carrier
- Other (see *Clinical Eye Exam Findings and Concerns* above)
- For your records only

Reason(s) for Recommendation

- | | | |
|--|--|---|
| <input type="radio"/> Cataracts | <input type="radio"/> Hypertension | <input type="radio"/> Strabismus (crossed-eyed) |
| <input type="radio"/> Corneal defects | <input type="radio"/> Macular degeneration | <input type="radio"/> Stroke |
| <input type="radio"/> Diabetes | <input type="radio"/> Medication-related concern | <input type="radio"/> Thyroid condition |
| <input type="radio"/> Glaucoma | <input type="radio"/> Neurological disorder | <input type="radio"/> Tumor |
| <input type="radio"/> High cholesterol | <input type="radio"/> Retinal vascular changes | <input type="radio"/> Other (see <i>Provider's Notes</i> above) |

Superior Vision's SmartAlert program is a voluntary, confidential communication tool to enable a member to share information between their eye care provider and medical health care provider.

If You Are the Superior Vision Member

This form is designed to promote effective and accurate communication between your Superior Vision eye care provider and your health care provider. Your eye care provider has found some items during your vision examination that may be medically based, and this form enables them to note these concerns so that you may share this with your health care provider. Please contact your medical health care provider and discuss these concerns at the earliest convenient time, unless otherwise instructed by your eye care provider.

You can find specific information regarding conditions that impact eyes and vision by visiting our Vision Care Learning Center at SuperiorVision.com.

If You Are the Superior Vision Eye Care Provider

This form is designed to promote effective and accurate communication between you – a Superior Vision eye care provider – your patient, and your patient's medical health care provider. Please note any relevant medical concerns found during the patient's visit. Providing this form to your patient will give them an outline of the concerns you have and provide the information required should they or their medical provider need to contact you to discuss these concerns. Please provide your patient with guidance on the time frame needed to share this with their medical provider.

If You Are the Medical Health Plan Provider

This form is designed to promote effective and accurate communication between a Superior Vision eye care provider and a medical health care provider. Your patient's eye care provider has found some concerns during a vision examination that may be medically based. This form enables them to note these concerns and other information that may be needed to determine the proper action required, if any. Your patient is sharing this with you to facilitate communication between providers and help manage their overall health.

Disclaimer and Limitations of Liability

Superior Vision Services makes no representations about the suitability of this information for medical purposes or any other purpose. The information provided by the eye care provider is to be used by the member with his/her health care provider and does not constitute Superior Vision Services' endorsement of the information, nor does Superior Vision guarantee the accuracy of the information. In no event shall Superior Vision be liable for any special, indirect, or consequential damages or any damages whatsoever, arising out of or in connection with the use or performance of