ROP Examination Sheet

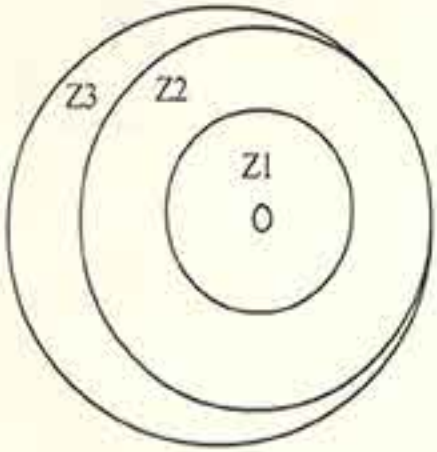
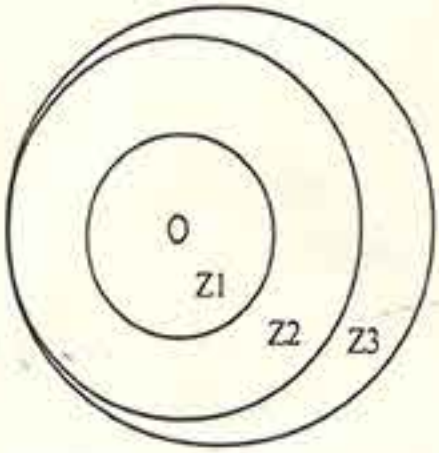
Anterior Segment (Yes = 1, No = 2)

	RE	LE
Active iris vasculature		
Rigid Pupil		
Others		

If 1 then specify _____

Retinoscopy

Posterior Segment

Media		
(Clear = 1, Hazy = 2)	If 2 then cause	If 2 then cause
Plus Disease (Yes = 1, No = 2)		
Retinal Vessels (Imm.= 1, Mat.= 2, ROP=3)		
Zone	1 2 3	1 2 3
Worst Stage	1 2 3 Th 4a 4b 5 F	1 2 3 Th 4a 4b 5 F
Clock hours involved		
Treatment	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12
(Obs.= 1, Laser = 2, Cryo = 3, Vit.= 4)		

Follow Up After _____ **Date** _____