
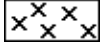
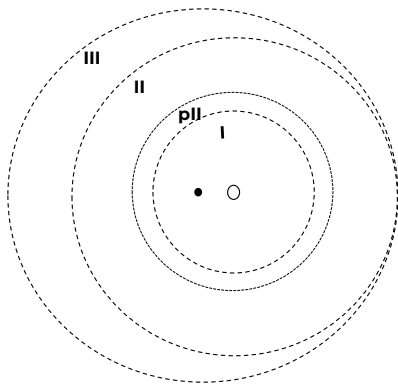
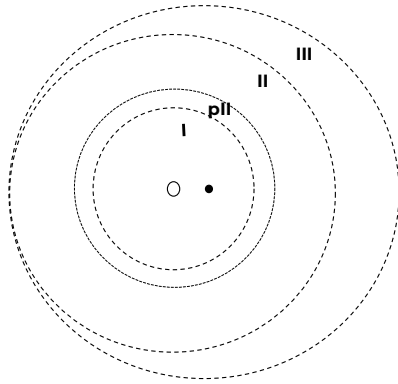


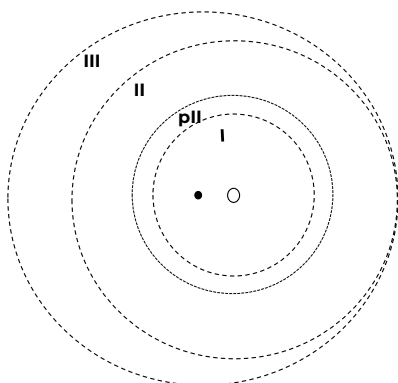
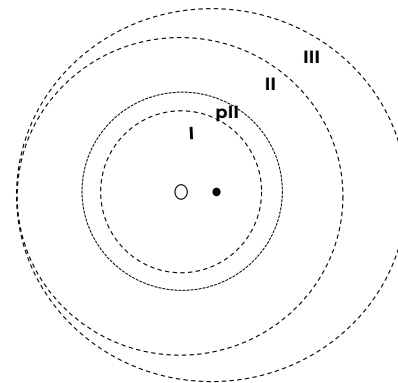
Retinopathy of Prematurity Examination Record

Name:	Gestational age (wks):
Hospital No:	Birth Weight (g):
DoB: Male/Female	Previous screening? Y/N Hospital:
Previous treatment? Y/N Type:	






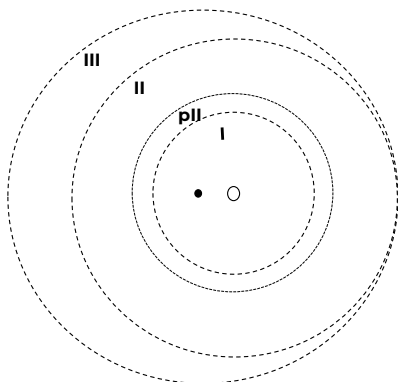
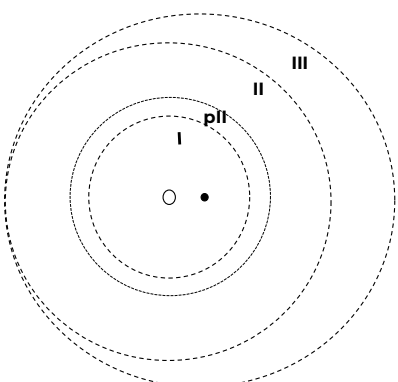
Stage 1 —	Stage 2 =	Stage 3 ▬▬▬	Stage 4/5 	Laser 
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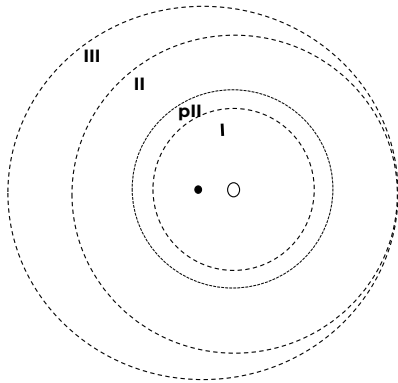
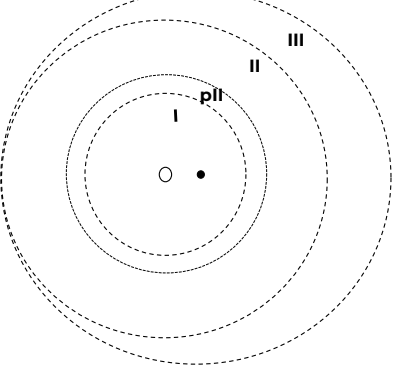
Date of examination:	R	L
Name of examiner:		
Postmenstrual age:		
Findings:		
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Regression <input type="checkbox"/>		
No change <input type="checkbox"/>		
Follow up:	Zone: Stage: A-ROP: Y/N	Zone: Stage: A-ROP: Y/N
Refer: Y/N	Zone I/posterior zone II due to temporal notch: Y/N Plus: Y/N Pre-plus: Y/N	Zone I/posterior zone II due to temporal notch: Y/N Plus: Y/N Pre-plus: Y/N

Comments:

Date of examination:	R	L
Name of examiner:		
Postmenstrual age:		
Findings:		
Progression <input type="checkbox"/>		
Regression <input type="checkbox"/>		
No change <input type="checkbox"/>		
Follow up:	Zone: Stage: A-ROP: Y/N	Zone: Stage: A-ROP: Y/N
Refer: Y/N	Zone I/posterior zone II due to temporal notch: Y/N Plus: Y/N Pre-plus: Y/N	Zone I/posterior zone II due to temporal notch: Y/N Plus: Y/N Pre-plus: Y/N

Comments:

	Stage 1 	Stage 2 	Stage 3 	Stage 4/5 	Laser 	
Date of examination: Name of examiner: Postmenstrual age:	<div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;">R</div> 					<div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;">L</div> 
Findings: Progression <input type="checkbox"/> Regression <input type="checkbox"/> No change <input type="checkbox"/>						
Follow up: Refer: Y/N	Zone: Stage: A-ROP: Y/N Zone I/posterior zone II due to temporal notch: Y/N Plus: Y/N Pre-plus: Y/N					Zone: Stage: A-ROP: Y/N Zone I/posterior zone II due to temporal notch: Y/N Plus: Y/N Pre-plus: Y/N
Comments:						

Date of examination: Name of examiner: Postmenstrual age:	<div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;">R</div> 					<div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;">L</div> 
Findings: Progression <input type="checkbox"/> Regression <input type="checkbox"/> No change <input type="checkbox"/>						
Follow up: Refer: Y/N	Zone: Stage: A-ROP: Y/N Zone I/posterior zone II due to temporal notch: Y/N Plus: Y/N Pre-plus: Y/N					Zone: Stage: A-ROP: Y/N Zone I/posterior zone II due to temporal notch: Y/N Plus: Y/N Pre-plus: Y/N
Comments:						