RETINA SOUTH AFRICA (NPO Number 003-184)

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CONFIRMATION OF DIAGNOSIS

To be completed by the eye specialist - PLEASE PRINT CLEARLY!

To be completed i	by the eye specialist — I LEAGE I KINT OLLAKET:	
Name of Patient:		
ID No.:		
Tel/Cell:	eMail:	
Address:		
Gender: M F Ethnic	Group Asian Black Coloured Indian V	Vhite
In my opinion the patient has on	· L	
in my opinion the patient has on	e of the following conditions.	
RETINITIS PIGMENTOSA	Diffuse Form	
	Sectoral (regional) form	
USHER SYNDROME	Type I – profound deafness	
(RP & congenital hearing loss)	Type II – severe deafness	
MACULAR DEGENERATION	Age-related MD - Wet	
MAGGEAN DEGENERATION	- Dry	
	Bests Disease	
	Cone Dystrophy	
	Cone-Rod [CRD] or Rod-Cone [RCD] Dystrophy (specify)	
MACULAR DYSTROPHY	Familial (unclear diagnosis)	
	Pattern Dystrophy	
	Sorsby Fundus Dystrophy	
	Stargardt/Fundus Flavimaculatis	
DIABETIC RETINOPATHY		
Other retinal disorders (specify):		
MODE OF INHERITANCE		
Dominant Recessive	X-Linked Isolated Case Unknown but fami	ilial
Age of onset: Years		
Progression of disease:		
Other clinical features:		
Tests performed: OCT	Visual Acuity Visual Fields El	RG
Fluc	prescein Angiogram Colour Fundus Photograp	hs
Other family members affected: (relationships)		
Name of Doctor: Signature:		
Date:	rel. eMail	
SF - 017 Science D	iagnosis Confirmation of diagnosis 12 June	2018