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SCHOOL OF OPTOMETRY
UNIVERSITY OF CALIFORNIA
BERKELEY, CALIFORNIA 94720-2020

U.C. BERKELEY ELECTRODIAGNOSTIC SERVICES REQUEST FORM

Please FAX to: (510) 642-8012 Attention: Theresa Bertero, Vision Functions Clinic, Optometry, UC Berkeley

FAX (510) 642-8012

TEL (510) 643-0134

OFFICE (WV) (510) 643-0683

Appointment Date & Time, if known

PATIENT NAME

DATE OF BIRTH

ADDRESS

TELEPHONE

REFERRED BY

ADDRESS

FAX

TELEPHONE

PRELIMINARY DIAGNOSIS, CLINICAL FINDINGS OR REASON FOR VISIT

SPECIAL CONSIDERATIONS

PLEASE CHECK ALL BOXES THAT APPLY

- | | | | |
|----------------------------------|--------------------------|---|--------------------------|
| ELECTRORETINOGRAM (ERG) | <input type="checkbox"/> | FULL COLOR VISION ANALYSIS | <input type="checkbox"/> |
| MULTIFOCAL ERG (foveal cones) | <input type="checkbox"/> | GLARE TESTING | <input type="checkbox"/> |
| ELECTRO-OCULOGRAM (EOG) | <input type="checkbox"/> | LETTER CONTRAST SENSITIVITY | <input type="checkbox"/> |
| VISUAL EVOKED RESPONSE (VER/VEP) | <input type="checkbox"/> | MOST APPROPRIATE TESTS
(WE WILL CHOSE) | <input type="checkbox"/> |
| FINAL DARK ADAPTED THRESHOLD | <input type="checkbox"/> | GOLDMANN VISUAL FIELD | <input type="checkbox"/> |
| FULL DARK ADAPTATION CURVE | <input type="checkbox"/> | | |

Please fax or mail request to:
Attention : Theresa Bertero, Electrodiagnostic & Vision Functions Clinic, School of Optometry, University of California, Berkeley, CA 94720-2020
Fax (510) 642 8012. Thank you.