Republic of Lebanon
Ministry of Public Health

الجمهوريـة اللبنانية
وزارة الصحـة العامــة

رقم المعاملة

Ophthalmic Diseases

❖ Patient Information

اسم المريض الثلاثي : ---------- تاريخ الولادة: -----/----/------- ذكر ☐ انثى ☐

المحافظة والقضاء : ---------- البلدة : ---------- الشارع : ---------- ملك : ----------هاتف: ----/----------

❖ Diagnosis : Best corrected visual acuity : OD …… OG ……

Name of medication requested : ……

	OD	OG		OD	OG
Wet macular degeneration (H35.3)	☐	☐	Noninfectious Uveitis (H30.0)	☐	☐
Diabetic macular edema (H36)	☐	☐	Central retinal vein occlusion (H34.8)	☐	☐
Pathological Myopia CNV (H44.2)	☐	☐	Branched retinal vein occlusion (H34.8)	☐	☐

Others……

❖ History of eye procedures :

Previous intravitreal injection : OD ☐ OG ☐ (if any specify # of injections and name of medication):

Previous cataract surgery : OD ☐ OG ☐ ……..

Previous PRP / Focal : OD ☐ OG ☐ Previous vitrectomy OD ☐ OG ☐

❖ History of Systemic disease :

Hypertension	☐	Lipidemia	☐
Smoker	☐	Heart disease	☐
Diabetes mellitus : Type 1	☐	Type 2	☐

❖ Physician Information

Physician name : ---------- LOP Registration No : ----------

Specialty : ---------- Telephone : ----/----------

Date : ---- / ---- / ---------- Signature & Stamp :

Documents to be submitted :

1. اخراج قيدلايتعدى صلاحيته عن 6 اشهر مع صورة عن بطاقة الكرنتينا
2. **Detailed Ophthalmology report** تقرير الطبيب
3. **Ophthalmology prescription with exact dosage & duration**
4. **Original OCT (8 weeks old, name of patient, date, no hand written only typed, central macular thickness in micrometers).**

For renewal : New OCT .

N.B:

1. Starting dose is three intravitreal injections based on OCT if requested by treating physician
2. Maximum number of intravitreal injection by year one is 7, and 5 in the following year.
3. Noninfectious uveitis cases should include laboratory results.