

**PROVOCATIVE GLAUCOMA TEST
DIATON DIGITAL TONOMETER
(92140)**

DATE:

PATIENT NAME: _____ **DOB:** _____

INDICATIONS (CIRCLE):

**PRE-GLAUCOMA(365.00): WHITE > 50 AA>40 FH GLAUCOMA OR T2DM T2DM
GLAUCOMA**

SPECIFIC SX: _____

MEASUREMENTS: RIGHT EYE IOP _____ **LEFT EYE IOP** _____

INTERPRETATION:

RIGHT EYE (CIRCLE): NORMAL IOP ELEVATED IOP

LEFT EYE (CIRCLE): NORMAL IOP ELEVATED IOP

SIGNED: _____ **DATE:** _____