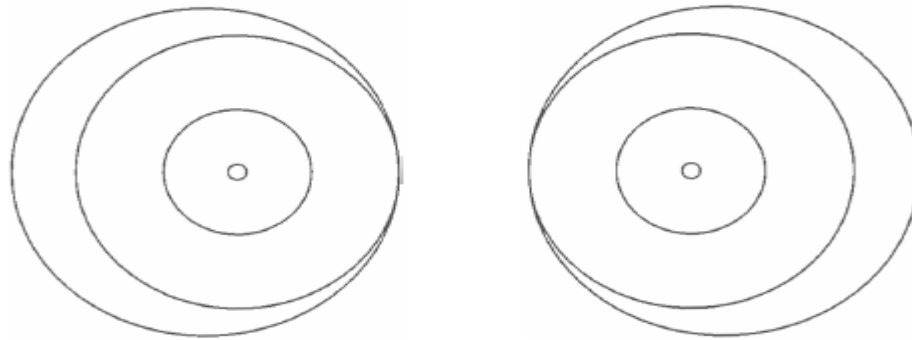


Retinopathy of Prematurity Chart

Full Name:
 Address: **Addressograph**
 HCR.....
 HCR No: DOB: __/__/____

Gestational Age		Birth Weight	
Corrected Age		Date of Examination	

MEDICATIONS	MEDICATIONS



<i>Please tick</i>		OD	OS	ASSESSMENT
1	Immature			
2	Mature			
3	Zone			
4	Stage			
5	Plus disease			
1	Retinal Vascular Dilation			
2	Iris vessel dilation			
3	Vitreous Dilation			
4	Retinal Haemorrhage			
5	Pupil Rigidity			

Date of Next Examination:

Consultant Name / Stamp: