UW Health
Eye Clinics
uwhealth.org/eyes

University Station Clinics
2880 University Avenue
Madison, WI 53705-0902
Phone: (608)263-7175 ERG
Phone: (608)263-6414
VEP Fax for ERGs: (608) 263-0408
Fax for VEPs: (608) 263-4247

ORDER REQUEST FOR VISUAL FUNCTION STUDIES

Patient's Name _____ Date of Birth _____ Today's Date _____

Parent or Guardian _____ Referring Physician _____

Patient's Address _____ Referring Physician Telephone No. _____

City _____ State _____ Zip _____ Referring Physician Fax No. _____

H:_____W: _____ **Ordering Physician's Signature**
Patient's Telephone No. (Home & Work)

Please Check:

☐ Complete consultation with retina specialist and/or Neuro-Ophthalmologist (Please circle).
☐ Tests Only (with Interpretation): Please check appropriate box or boxes.

☐ Electroretinogram (full field ERG)
☐ Multifocal ERG (mtERG)
☐ Pattern ERG (pERG)
☐ Electro-oculogram (EOG)
☐ Dark adaptometry
☐ 100-hue Color Test (Farnsworth)
☐ Lantern Test (Farnsworth)

Visual Evoked Cortical Potential:
☐ Sweep (objective test for acuity)
☐ Flash (fVEP basic test)
☐ Pattern (pVEP macular test)
☐ Albinism 4 Channel (45-minute test time)
☐ Multifocal VEP (mfVEP done in our ERG lab)

*****Please note, each test will take I-hour time slot*****

☐ **Sedation Required for ERG** (if yes, fill out the sedation request form, which can be obtained from our reception staff at your request by calling (608) 263-6414).

***** PLEASE PROVIDE COPIES OF VISUAL FIELDS, OCT AND FUNDUS PHOTOS** (Send by mail or upload into PACS)

**** CALL UW HEALTH REGISTRATION: 1-800-303-6114 FOR PATIENT** (Patient must be registered prior to scheduling)

BC Visual Acuity RE: _____ LE: _____

Most recent Refraction: RE: _____ LE: _____

Brief History and Clinical Findings (send most recent eye records):

Medications:

Special Instructions/Timeframe: