



**PATIENT LIST FOR**    \_\_\_ / \_\_\_ / \_\_\_

Recommended scheduling time is 4 patients/hour. Remember, we only request a tabletop and access to an electrical outlet for each office visit. In most cases the test can be performed in ambient light and with undilated pupils.

\*\*\*Please kindly call MGD to confirm your appointment 7 days prior at 774-222-3235.

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**GLAUCOMA SUSPECT FACTORS**

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| <ul style="list-style-type: none"> <li>High Intraocular Pressure in One or Both Eyes</li> <li>Drance Hemorrhage</li> <li>Observed Defects in Nerve Fiber Layer</li> <li>Corticosteroid Use on a Regular, Long-Term Basis</li> <li>Previous Eye Injury</li> <li>Diabetes</li> <li>Thin Corneas Less than .5mm</li> <li>Sleep Apnea</li> <li>High Blood Pressure</li> <li>Myopia</li> <li>Other Eye Disorders (e.g., Uveitis, Exfoliation Syndrome, Tumor, Lens Dislocation)</li> </ul> | <ul style="list-style-type: none"> <li>Anatomical Narrow Angles</li> <li>Pigmentary Dispersion</li> <li>Family History of Glaucoma</li> <li>Optic Nerve Anomaly</li> <li>Abnormal Screening Visual Field</li> <li>Abnormal Cup/Disc Appearance</li> <li>African American</li> <li>Peripapillary Atrophy</li> </ul> |
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