

## PATIENT ENROLLMENT FORM

\*Indicates Required Field

| PATIENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PRESCRIBER & OFFICE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CORTICOSTEROID PRIOR HISTORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PATIENT DIAGNOSIS                |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----|----|--------|--|--|--------|--|--|--------|--|--|--------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|----------|-----------|-------------|-----------------------------|--|--|--|--|--------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------|--|--|--|--|------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------|--|--|--|--|-----------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <p>*Patient First Name: _____ Middle Initial: _____ *Last Name: _____</p> <p>*Date of Birth: ____/____/____ *Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other *Patient EMR #: _____</p> <p>Primary Language: _____ Primary Phone: (____) _____ Secondary Phone: (____) _____</p> <p>*Address: _____ *City: _____ *State: _____ *Zip: _____</p> <p>*Patient Email: _____ AccessPlus may contact this patient to obtain information relating to this enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><b>*REQUIRED: Please attach copy of patient's insurance card(s) (front and back) and/or EMR face/demographic sheet to this enrollment.</b></p> <p><input type="checkbox"/> *Copy of Insurance Card(s) Attached. <input type="checkbox"/> *EMR Face/Demographic Sheet Attached.</p> <p>*Primary Ins. Plan Name: _____ *ID#: _____ *Group#: _____</p> <p><input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Commercial/Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____ *Plan Phone: (____) _____</p> <p>*Secondary Ins. Plan Name: _____ *ID#: _____ *Group#: _____</p> <p><input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Commercial/Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____ *Plan Phone: (____) _____</p> | <p>*Prescribing Physician First Name: _____ *Last Name: _____</p> <p>*Physician NPI #: _____ State License ID#: _____</p> <p>*Place of Service Name: _____ *Place of Service: <input type="checkbox"/> Physician Office <input type="checkbox"/> HOPD <input type="checkbox"/> ASC</p> <p>*Place of Service Address: _____</p> <p>*City: _____ *State: _____ *Zip Code: _____ *Practice NPI#: _____</p> <p>*Practice Tax ID#: _____ PTAN#: _____ DEA#: _____</p> <p><input type="checkbox"/> Specialty Pharmacy Requested for Dispensing (Please include a valid prescription if requesting Specialty Pharmacy Dispensing.)</p> <p>Known Drug Allergies (required for SP Prescription): _____</p> <p>*Primary Office Contact Name: _____ *Phone: (____) _____</p> <p>*Email: _____ *Fax Benefit Investigation Results to: (____) _____</p> | <p><b>CORTICOSTEROID HISTORY</b></p> <p>Please complete this section with the patient's prior corticosteroid treatment history.</p> <p>Prior corticosteroid prescribed: _____</p> <p>Date prescribed: _____</p> <p>*Anticipated date of treatment with YUTIQ: _____</p> <p><b>*YUTIQ HISTORY</b></p> <p>*Has patient previously received YUTIQ?<br/><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>*If yes, please provide dates:</p> <table border="1"><thead><tr><th></th><th>OD</th><th>OS</th></tr></thead><tbody><tr><td>*Date:</td><td></td><td></td></tr><tr><td>*Date:</td><td></td><td></td></tr><tr><td>*Date:</td><td></td><td></td></tr><tr><td>*Date:</td><td></td><td></td></tr></tbody></table> |                                  | OD | OS | *Date: |  |  | *Date: |  |  | *Date: |  |  | *Date: |  |  | <table border="1"><thead><tr><th>*DIAGNOSIS</th><th>Right Eye</th><th>Left Eye</th><th>Bilateral</th><th>Unspecified</th></tr></thead><tbody><tr><td><b>Intermediate Uveitis</b></td><td></td><td></td><td></td><td></td></tr><tr><td>Posterior cyclitis</td><td><input type="checkbox"/> H30.21</td><td><input type="checkbox"/> H30.22</td><td><input type="checkbox"/> H30.23</td><td><input type="checkbox"/> H30.20</td></tr><tr><td><b>Panuveitis</b></td><td></td><td></td><td></td><td></td></tr><tr><td>Panuveitis</td><td><input type="checkbox"/> H44.111</td><td><input type="checkbox"/> H44.112</td><td><input type="checkbox"/> H44.113</td><td><input type="checkbox"/> H44.119</td></tr><tr><td><b>Posterior Uveitis</b></td><td></td><td></td><td></td><td></td></tr><tr><td>Exudative retinopathy</td><td><input type="checkbox"/> H35.021</td><td><input type="checkbox"/> H35.022</td><td><input type="checkbox"/> H35.023</td><td><input type="checkbox"/> H35.029</td></tr><tr><td>Retinal vasculitis</td><td><input type="checkbox"/> H35.061</td><td><input type="checkbox"/> H35.062</td><td><input type="checkbox"/> H35.063</td><td><input type="checkbox"/> H35.069</td></tr><tr><td>Unspecified focal chorioretinal inflammation (choroiditis/chorioretinitis - NOS)</td><td><input type="checkbox"/> H30.001</td><td><input type="checkbox"/> H30.002</td><td><input type="checkbox"/> H30.003</td><td><input type="checkbox"/> H30.009</td></tr><tr><td>Focal chorioretinal inflammation, juxtapapillary</td><td><input type="checkbox"/> H30.011</td><td><input type="checkbox"/> H30.012</td><td><input type="checkbox"/> H30.013</td><td><input type="checkbox"/> H30.019</td></tr><tr><td>Focal chorioretinal inflammation of posterior pole</td><td><input type="checkbox"/> H30.021</td><td><input type="checkbox"/> H30.022</td><td><input type="checkbox"/> H30.023</td><td><input type="checkbox"/> H30.029</td></tr><tr><td>Focal chorioretinal inflammation, peripheral</td><td><input type="checkbox"/> H30.031</td><td><input type="checkbox"/> H30.032</td><td><input type="checkbox"/> H30.033</td><td><input type="checkbox"/> H30.039</td></tr><tr><td>Focal chorioretinal inflammation, macular or paramacular</td><td><input type="checkbox"/> H30.041</td><td><input type="checkbox"/> H30.042</td><td><input type="checkbox"/> H30.043</td><td><input type="checkbox"/> H30.049</td></tr><tr><td>Unspecified disseminated chorioretinal inflammation (chorioretinitis/choroiditis)</td><td><input type="checkbox"/> H30.101</td><td><input type="checkbox"/> H30.102</td><td><input type="checkbox"/> H30.103</td><td><input type="checkbox"/> H30.109</td></tr><tr><td>Disseminated chorioretinal inflammation (choroiditis/chorioretinitis) posterior pole</td><td><input type="checkbox"/> H30.111</td><td><input type="checkbox"/> H30.112</td><td><input type="checkbox"/> H30.113</td><td><input type="checkbox"/> H30.119</td></tr><tr><td>Disseminated chorioretinal inflammation (choroiditis/chorioretinitis) peripheral</td><td><input type="checkbox"/> H30.121</td><td><input type="checkbox"/> H30.122</td><td><input type="checkbox"/> H30.123</td><td><input type="checkbox"/> H30.129</td></tr><tr><td>Disseminated chorioretinal inflammation, generalized</td><td><input type="checkbox"/> H30.131</td><td><input type="checkbox"/> H30.132</td><td><input type="checkbox"/> H30.133</td><td><input type="checkbox"/> H30.139</td></tr><tr><td>Unspecified chorioretinal inflammation</td><td><input type="checkbox"/> H30.91</td><td><input type="checkbox"/> H30.92</td><td><input type="checkbox"/> H30.93</td><td><input type="checkbox"/> H30.90</td></tr><tr><td>Other chorioretinal inflammations</td><td><input type="checkbox"/> H30.891</td><td><input type="checkbox"/> H30.892</td><td><input type="checkbox"/> H30.893</td><td><input type="checkbox"/> H30.899</td></tr><tr><td>Harada's disease</td><td><input type="checkbox"/> H30.811</td><td><input type="checkbox"/> H30.812</td><td><input type="checkbox"/> H30.813</td><td><input type="checkbox"/> H30.819</td></tr><tr><td>Vogt-Koyanagi syndrome</td><td><input type="checkbox"/> H20.821</td><td><input type="checkbox"/> H20.822</td><td><input type="checkbox"/> H20.823</td><td><input type="checkbox"/> H20.829</td></tr><tr><td>Acute posterior multifocal placoid pigment epitheliopathy</td><td><input type="checkbox"/> H30.141</td><td><input type="checkbox"/> H30.142</td><td><input type="checkbox"/> H30.143</td><td><input type="checkbox"/> H30.149</td></tr></tbody></table> <p><input type="checkbox"/> Other Diagnosis Code(s): _____</p> | *DIAGNOSIS | Right Eye | Left Eye | Bilateral | Unspecified | <b>Intermediate Uveitis</b> |  |  |  |  | Posterior cyclitis | <input type="checkbox"/> H30.21 | <input type="checkbox"/> H30.22 | <input type="checkbox"/> H30.23 | <input type="checkbox"/> H30.20 | <b>Panuveitis</b> |  |  |  |  | Panuveitis | <input type="checkbox"/> H44.111 | <input type="checkbox"/> H44.112 | <input type="checkbox"/> H44.113 | <input type="checkbox"/> H44.119 | <b>Posterior Uveitis</b> |  |  |  |  | Exudative retinopathy | <input type="checkbox"/> H35.021 | <input type="checkbox"/> H35.022 | <input type="checkbox"/> H35.023 | <input type="checkbox"/> H35.029 | Retinal vasculitis | <input type="checkbox"/> H35.061 | <input type="checkbox"/> H35.062 | <input type="checkbox"/> H35.063 | <input type="checkbox"/> H35.069 | Unspecified focal chorioretinal inflammation (choroiditis/chorioretinitis - NOS) | <input type="checkbox"/> H30.001 | <input type="checkbox"/> H30.002 | <input type="checkbox"/> H30.003 | <input type="checkbox"/> H30.009 | Focal chorioretinal inflammation, juxtapapillary | <input type="checkbox"/> H30.011 | <input type="checkbox"/> H30.012 | <input type="checkbox"/> H30.013 | <input type="checkbox"/> H30.019 | Focal chorioretinal inflammation of posterior pole | <input type="checkbox"/> H30.021 | <input type="checkbox"/> H30.022 | <input type="checkbox"/> H30.023 | <input type="checkbox"/> H30.029 | Focal chorioretinal inflammation, peripheral | <input type="checkbox"/> H30.031 | <input type="checkbox"/> H30.032 | <input type="checkbox"/> H30.033 | <input type="checkbox"/> H30.039 | Focal chorioretinal inflammation, macular or paramacular | <input type="checkbox"/> H30.041 | <input type="checkbox"/> H30.042 | <input type="checkbox"/> H30.043 | <input type="checkbox"/> H30.049 | Unspecified disseminated chorioretinal inflammation (chorioretinitis/choroiditis) | <input type="checkbox"/> H30.101 | <input type="checkbox"/> H30.102 | <input type="checkbox"/> H30.103 | <input type="checkbox"/> H30.109 | Disseminated chorioretinal inflammation (choroiditis/chorioretinitis) posterior pole | <input type="checkbox"/> H30.111 | <input type="checkbox"/> H30.112 | <input type="checkbox"/> H30.113 | <input type="checkbox"/> H30.119 | Disseminated chorioretinal inflammation (choroiditis/chorioretinitis) peripheral | <input type="checkbox"/> H30.121 | <input type="checkbox"/> H30.122 | <input type="checkbox"/> H30.123 | <input type="checkbox"/> H30.129 | Disseminated chorioretinal inflammation, generalized | <input type="checkbox"/> H30.131 | <input type="checkbox"/> H30.132 | <input type="checkbox"/> H30.133 | <input type="checkbox"/> H30.139 | Unspecified chorioretinal inflammation | <input type="checkbox"/> H30.91 | <input type="checkbox"/> H30.92 | <input type="checkbox"/> H30.93 | <input type="checkbox"/> H30.90 | Other chorioretinal inflammations | <input type="checkbox"/> H30.891 | <input type="checkbox"/> H30.892 | <input type="checkbox"/> H30.893 | <input type="checkbox"/> H30.899 | Harada's disease | <input type="checkbox"/> H30.811 | <input type="checkbox"/> H30.812 | <input type="checkbox"/> H30.813 | <input type="checkbox"/> H30.819 | Vogt-Koyanagi syndrome | <input type="checkbox"/> H20.821 | <input type="checkbox"/> H20.822 | <input type="checkbox"/> H20.823 | <input type="checkbox"/> H20.829 | Acute posterior multifocal placoid pigment epitheliopathy | <input type="checkbox"/> H30.141 | <input type="checkbox"/> H30.142 | <input type="checkbox"/> H30.143 | <input type="checkbox"/> H30.149 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| *Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| *Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| *Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| *Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| *DIAGNOSIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Right Eye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Left Eye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Bilateral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Unspecified                      |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| <b>Intermediate Uveitis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Posterior cyclitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> H30.21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> H30.22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> H30.23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> H30.20  |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| <b>Panuveitis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Panuveitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> H44.111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H44.112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H44.113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H44.119 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| <b>Posterior Uveitis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Exudative retinopathy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H35.021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H35.022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H35.023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H35.029 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Retinal vasculitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> H35.061                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H35.062                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H35.063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H35.069 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Unspecified focal chorioretinal inflammation (choroiditis/chorioretinitis - NOS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.009 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Focal chorioretinal inflammation, juxtapapillary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.019 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Focal chorioretinal inflammation of posterior pole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> H30.021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.029 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Focal chorioretinal inflammation, peripheral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> H30.031                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.032                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.033                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.039 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Focal chorioretinal inflammation, macular or paramacular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> H30.041                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.042                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.049 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Unspecified disseminated chorioretinal inflammation (chorioretinitis/choroiditis)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> H30.101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.109 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Disseminated chorioretinal inflammation (choroiditis/chorioretinitis) posterior pole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> H30.111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.119 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Disseminated chorioretinal inflammation (choroiditis/chorioretinitis) peripheral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.129 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Disseminated chorioretinal inflammation, generalized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> H30.131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.139 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Unspecified chorioretinal inflammation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> H30.91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> H30.92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> H30.93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> H30.90  |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Other chorioretinal inflammations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> H30.891                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.892                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.893                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.899 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Harada's disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.812                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.813                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.819 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Vogt-Koyanagi syndrome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> H20.821                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H20.822                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H20.823                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H20.829 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |
| Acute posterior multifocal placoid pigment epitheliopathy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> H30.141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> H30.143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> H30.149 |    |    |        |  |  |        |  |  |        |  |  |        |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |           |          |           |             |                             |  |  |  |  |                    |                                 |                                 |                                 |                                 |                   |  |  |  |  |            |                                  |                                  |                                  |                                  |                          |  |  |  |  |                       |                                  |                                  |                                  |                                  |                    |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                  |                                  |                                  |                                  |                                  |                                                    |                                  |                                  |                                  |                                  |                                              |                                  |                                  |                                  |                                  |                                                          |                                  |                                  |                                  |                                  |                                                                                   |                                  |                                  |                                  |                                  |                                                                                      |                                  |                                  |                                  |                                  |                                                                                  |                                  |                                  |                                  |                                  |                                                      |                                  |                                  |                                  |                                  |                                        |                                 |                                 |                                 |                                 |                                   |                                  |                                  |                                  |                                  |                  |                                  |                                  |                                  |                                  |                        |                                  |                                  |                                  |                                  |                                                           |                                  |                                  |                                  |                                  |

Patient must sign and date the Patient Authorization and Notice of Release of Information on page 2 for this Patient Enrollment form to be processed.

Please fax completed Patient Enrollment to AccessPlus at 1-866-783-3124.

\*Indicates required field. Allimera Sciences reserves the right to change or cancel the AccessPlus Program at any time.

## PATIENT HIPAA AUTHORIZATION TO DISCLOSE/USE HEALTH INFORMATION

**Authorization of Uses and Disclosures:** I hereby authorize and direct (1) all of the health care providers and pharmacies involved in my care and treatment, as well as their employees, office staff, and agents including affiliated health care practitioners (collectively "Providers"), (2) health care plans and insurers (collectively "Insurers") to use and disclose my "protected health information" ("Information"), as described below, to Alimera Sciences and its representatives (including ConnectiveRx) and contractors (collectively "Alimera"). I also expressly authorize all the uses and disclosures described herein where the Information is provided to Alimera by me.

**Description of Information:** I understand that my Information includes, but is not limited to, my name, date of birth, and other personal information and identifiers (including my address), medical information, including information about my health condition and related medical conditions and treatment with YUTIQ, medical records, and financial information (including information about my insurance) as well as other personal information collected by Providers and/or Insurers about me or otherwise provided by me to Alimera.

**Purposes:** I authorize and direct Providers and/or Insurers to use and disclose my Information to Alimera for the following purposes: (1) Operating and administering the AccessPlus Program; (2) Reviewing and providing assistance in connection with my health care plan coverage for YUTIQ; (3) Applying to the AccessPlus Patient Assistance Program; (4) Determining eligibility for alternative forms or coverage and sources of funding; (5) For administrative purposes of Alimera, such as tracking my use of YUTIQ.

**Remuneration:** I understand that my specialty pharmacy provider may receive remuneration from Alimera in connection with this Authorization and the disclosure of my Information per this Authorization.

**Expiration:** Unless revoked, this Authorization will expire three (3) years from the date signed below.

**Revocation:** I understand that I have the right to revoke this Authorization by requesting this in writing to Alimera Sciences, AccessPlus Program, c/o ConnectiveRx, 6000 Park Lane Dr, Pittsburgh, PA 15275 or faxed to 1-866-783-3124, however, I understand that such revocation will not be effective with respect to Information that has already been used and/or disclosed per this Authorization.

**Treatment not Conditioned; Signing is Voluntary:** I understand that neither Providers, Insurers nor Alimera will not condition my treatment on signing this Authorization. I can choose not to sign this Authorization. However, if I choose not to sign, Alimera will not be able to help me with the AccessPlus program.

**Potential for Redisclosure:** I understand that Information disclosed pursuant to this Authorization may be redisclosed by Alimera and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA), a federal privacy law.

**Copy:** I understand that I will be provided with a copy of this signed Authorization if requested.

|                                                |                                                                                                                                        |                |                                             |              |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------|--------------|
| PATIENT AUTHORIZATION                          | <input type="checkbox"/> *I hereby certify that I am over the age of 18 and have read the foregoing and fully understand the contents. |                |                                             |              |
|                                                | You must sign and date here                                                                                                            |                |                                             |              |
|                                                | *Signature of Patient or Legally Authorized Person                                                                                     |                | Relationship to Patient                     | *Date Signed |
|                                                | You must fill this out                                                                                                                 |                |                                             |              |
|                                                | *Patient's First Name                                                                                                                  | Middle Initial | *Last Name                                  |              |
| If signing for patient, you must fill this out |                                                                                                                                        | ( )            |                                             |              |
|                                                | Name of Legally Authorized Person                                                                                                      |                | *Contact Phone of Legally Authorized Person |              |

Patient must sign and date the Patient Authorization and Notice of Release of Information (above) for this Patient Enrollment form to be processed.

Please fax completed Patient Enrollment to AccessPlus at 1-866-783-3124.

\*Indicates required field. Alimera Sciences reserves the right to change or cancel the AccessPlus Program at any time.

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FINANCIAL ASSISTANCE</b>  | <b>FINANCIAL ASSISTANCE</b><br><b>*Please complete this section if patient would like AccessPlus to investigate financial assistance options for YUTIQ.</b><br><b>*Social Security #:</b> _____<br><b>*Annual Household Income:</b> \$ _____ <b>*Number in Household (including patient):</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>YUTIQ COPAY PROGRAM</b>   | <b>YUTIQ CoPay Program<sup>1</sup>:</b> Patients with commercial or private insurance that covers YUTIQ for the approved indication are eligible for the program. Patient must be a resident of the United States or Puerto Rico. The program does not have an income eligibility requirement and there is not a maximum assistance level. Patient is responsible for the first \$25 of the co-pay for YUTIQ. <b>Household income and number in household is required information for program approval.</b><br><i>Proof of income may be requested for auditing purposes. Program does not include assistance for patient cost share for injection procedure or other costs associated with the administration of YUTIQ.</i> |
| <b>FOUNDATION ASSISTANCE</b> | <b>Foundation Assistance:</b> Foundations are independent, non-profit organizations dedicated to providing under-insured patients with financial assistance through disease-specific funds.<br><input type="checkbox"/> *We would like assistance with the process of initiating an application with a foundation for this patient.                                                                                                                                                                                                                                                                                                                                                                                          |

**If assistance with the foundation application process is selected, patient is required to read, sign and date the following:**

**FOUNDATION APPLICANT INSTRUCTIONS AND AUTHORIZATION:**

**Please read through this information carefully. If you have any questions, please talk to your health care provider's office.**

I hereby attest and certify that the information provided here is complete and accurate. I understand and agree that the foundation(s), and their authorized third party agents, may use my demographic information, including but not limited to, my social security number, date of birth, name and address to obtain information about me from third parties to evaluate my application for financial assistance from a foundation. I authorize the foundation(s) and their authorized third party agents to obtain consumer records about me, including my credit information and other information derived from public and other sources in order to estimate my income and determine my eligibility for financial assistance from the foundation. AccessPlus has been advised that the soft credit inquiry used in the application process does not impact the patient's credit score. I also authorize the foundation(s) and their authorized third party agents to obtain information about me from sources of information other than consumer reporting agencies in order to assess my eligibility for financial assistance from a foundation.

I understand that the foundation(s) and their authorized third party agents reserve the right to ask for additional documents and information at any time. I also understand that the financial information I report may be subject to an audit, as deemed necessary by the foundation(s) providing financial assistance to me.

I further understand that any false or incomplete information I provide to the foundation(s) could unduly harm the foundation, its reputation, and its tax-exempt status and, therefore, may also constitute fraud for which I may be legally liable. I understand that any financial assistance provided to me by a foundation may be recouped, if the foundation becomes aware of any inaccurate information or fraudulent activity relating to the application or the assistance provided.

I understand that assistance is not guaranteed or promised. Any assistance the foundation may provide is limited to the terms and conditions established by the foundation. The foundation reserves the right at any time, and for any reason, without notice, to (1) modify the application form, (2) modify the eligibility criteria, or (3) modify or discontinue any assistance.

This authorization is effective for 3 years from the date set forth below with my signature.

|                              |                                                                                                                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PATIENT AUTHORIZATION</b> | <input type="checkbox"/> <b>*I hereby certify that I am over the age of 18 and have read the foregoing and fully understand the contents.</b>                                                   |
|                              | <div>You must sign and date here</div> <div><b>*Signature of Patient or Legally Authorized Person</b> _____</div> <div>Relationship to Patient _____</div> <div><b>*Date Signed</b> _____</div> |
|                              | <div>You must fill this out</div> <div><b>*Patient's First Name</b> _____ <b>Middle Initial</b> _____ <b>*Last Name</b> _____</div>                                                             |
|                              | <div>If signing for patient, you must fill this out</div> <div><b>Name of Legally Authorized Person</b> _____ <b>*Contact Phone of Legally Authorized Person</b> _____</div>                    |

<sup>1</sup>The YUTIQ CoPay Program is valid ONLY for patients with commercial (private or non-governmental) insurance. It is not valid for patients who are Government beneficiaries or whose prescription drugs are covered, in whole or in part, under Medicaid, Medicare, a Medicare Part D or Medicare Advantage plan, TRICARE, CHAMPUS, Puerto Rico Government Health Insurance Plan, or any other state or federal healthcare program. Patients who become Government beneficiaries during their enrollment period will no longer be eligible for the program as of the date they become a Government beneficiary.

**Patient must sign and date the Patient Authorization and Notice of Release of Information on page 2 for this Patient Enrollment form to be processed.**

**Please fax completed Patient Enrollment to AccessPlus at 1-866-783-3124.**

**\*Indicates required field. Alimera Sciences reserves the right to change or cancel the AccessPlus Program at any time.**