

# INDOCYANINE GREEN ANGIOGRAPHY

*Technique and Interpretation*



*K. Bailey Freund, M.D.  
Lawrence A. Yannuzzi, M.D.  
Dennis A. Orlock, C.R.A.*

*CME credit from Manhattan Eye, Ear & Throat Hospital, a subsidiary of Lenox Hill Hospital*

## **YOUR NAME & ADDRESS**

*(for mailing CME certificate)*

---

---

---

## **MAIL THIS COMPLETED FORM TO**

*Namrata Saroj, O.D.  
LuEsther T. Mertz Retinal Research Center  
Manhattan Eye, Ear & Throat Hospital  
210 East 64th Street - 8th Floor  
New York, NY 10021*

## **CME QUIZ INSTRUCTIONS**

*As you take the CME Quiz on the ICG CD-ROM, please circle your answers below.*

- |            |             |             |             |
|------------|-------------|-------------|-------------|
| 1. a b c d | 2. a b c d  | 3. a b c d  | 4. a b c d  |
| 5. a b c d | 6. a b c d  | 7. a b c d  | 8. a b c d  |
| 9. a b c d | 10. a b c d | 11. a b c d | 12. a b c d |

## **COURSE EVALUATION for INDOCYANINE GREEN ANGIOGRAPHY**

*Evaluation is required for obtaining CME credit. We value your input.*

*Will the knowledge obtained in this course be helpful in your practice? YES NO  
Why or why not?*

*Would you attend CME courses for: Medical Therapy Y N New Surgical Techniques Y N  
Coding and Billing Y N Current Diagnostic Tools Y N*

*Please evaluate the quality of the CD-ROM:*

|                  |           |        |             |
|------------------|-----------|--------|-------------|
|                  | (poor)    | (good) | (excellent) |
| CONTENT:         | 1 2 3 4 5 |        |             |
| LAYOUT:          | 1 2 3 4 5 |        |             |
| CASES PRESENTED: | 1 2 3 4 5 |        |             |

*Comments:*

*Did this course meet its objectives? Y N*

*Thank you for your help in evaluating our course. Please use the back for additional comments.*