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(12) **United States Design Patent**
Logani

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(54) **DISPLAY SCREEN WITH GRAPHICAL USER INTERFACE**

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(**) Term: **14 Years**

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D14/494, 495; 345/426, 594, 902; 715/700,
715/703, 715, 716, 719, 720, 727, 728, 758,
715/762, 763, 768, 773, 779, 780, 781, 790,
715/808, 809, 810, 828, 835, 840, 841, 842,
715/843, 864, 867, 961, 962, 963, 966, 975;
705/27.1

See application file for complete search history.

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(57) **CLAIM**



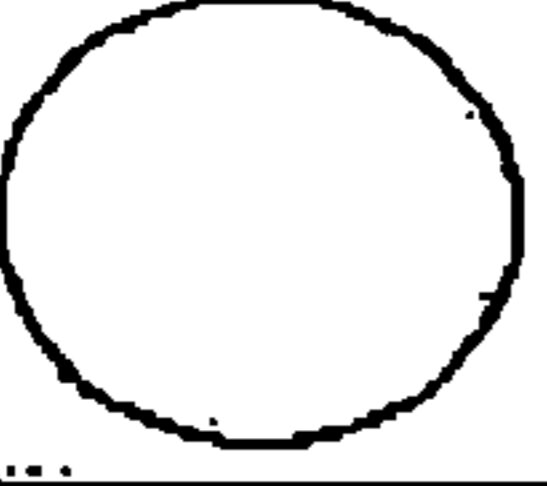

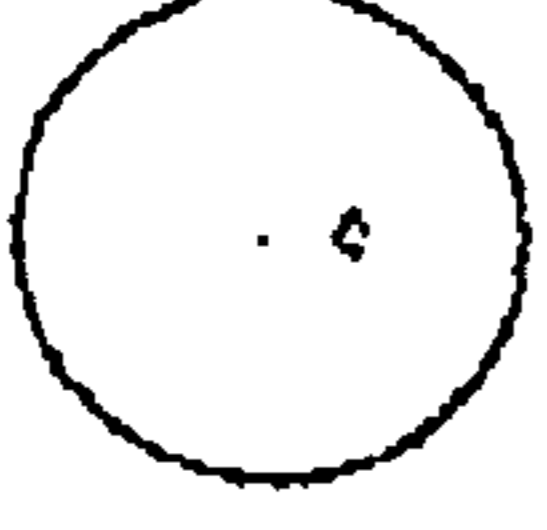
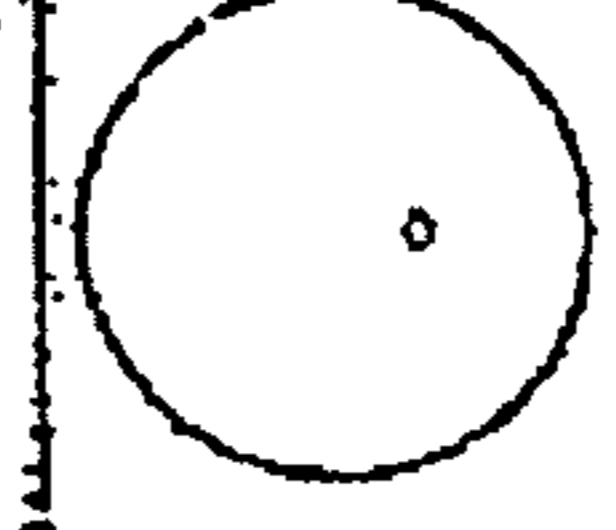
The ornamental design for the display screen with graphical user interface, as shown and described.

DESCRIPTION

The FIGURE is a front view of a display screen with graphical user interface of the present invention. The broken lines in the drawings of a display screen is for illustrative purposes only and forms no part of the claimed design.

1 Claim, 1 Drawing Sheet

The image shows a medical form for an eye examination. At the top, there is a navigation bar with buttons for 'Patient List', 'Patient Search', 'Print', 'Summary Of Care', 'Past VA', 'Imported', 'Scan Upload', 'Patient Control', 'Stand', 'Print', 'View Complete', 'Exam Complete', and 'Sign Out'. Below this, there are fields for 'Name, Age, Race, Sex' and 'M.D., Office, Event Type, Date'. The form is divided into several sections: 'Address' (City/State/Zip, Home Phone, Work Phone, Cell Phone), 'Insurance #', 'Complaint', 'HPI', 'Medical History' (Family History, Social History), 'Eye Surgeries', 'Other Medications', 'Allergies', 'Eye ROS', and 'General ROS'. The examination section is divided into 'EXTERNAL EXAMINATION' (with fields for EDX, CVP, Pupils, Adnexa, Orbis) and 'ANTERIOR SEGMENT EXAMINATION' (with fields for Conj/Sclera, Cornea, Ant Chamber, Iris, Lens). Below this is the 'TUNDUS EXAMINATION' section (with fields for C/D, Disc, Macula, Periphery, Vessels, Pigment). At the bottom, there are tables for 'Diagnosis' and 'Plan'.

Print	Print	Print	Summary	Print VA	Imported	Scan	Print	Send	Print	Workflow	Exam	Sign Out
Print	Search	View	Of Care	100	Docx	Upload	Control			Complete	Complete	
Name, Age, Race, Sex						M.D., Office, Event Type, Date						
Address						Home Phone						
City/State/Zip						Work Phone						
Insurance 1/2						Cell Phone						
Complaint												
HPI												
Medical History												
Family History												
Social History												
Eye Surgeries												
Other Surgeries												
Eye Medications												
Other Medication												
Allergies												
Eye ROS												
General ROS												
RYA	Z	LVA	T	BP	A-C							
RIV	R	LW	R	RS	MeA							
	RIGHT	EXTERNAL EXAMINATION				LEFT						
		EOM										
		CVF										
		Pupils										
		Adnexa										
		Orbit										
	RIGHT	ANTERIOR SEGMENT EXAMINATION				LEFT						
		Conj/Sclera										
		Cornea										
		Ant Chamber										
		Iris										
		Lens										
	RIGHT	FUNDUS EXAMINATION				LEFT						
		C/D										
		Disc										
		Macula										
		Periphery										
		Vessels										
		Vitreous										
Diagnosis 1	2	3	4	5	6	7	8	9	10	11	12	
Tests 1	2	3	4	5	6	7	8	9	10	11	12	
Diagnosis 1	2	3	4	5	6	7	8	9	10	11	12	
Plan 1	2	3	4	5	6	7	8	9	10	11	12	
Follow-up												