

ADVANCED OPHTHALMOLOGY REFRACTIVE SURGERY EVALUATION

Patient Name: _____ M F **DOB** ____/____/____ **Age** _____
Patient Phone Number: _____ **Comanagement Dr.** _____
Exam Date: _____ **Chief Complaint:** _____

C/L Wearer No **Type** _____ **Date Last Worn** _____ **MonoV C/L** Y N
Previous Ocular History/Sx: _____ **Medical Hx:** _____
Meds: _____ **Allergies:** No Yes _____
Occup/Social Hx: _____

SYSTEMS REVIEW:

- Diabetes Auto Immune Dz Rheumatoid Arthritis Pregnant/Nursing HSV
 Dry Eye Recurring Red Eye Eye Rubbing Retinal Tear Night Vision Difficulty
 Interest in monovision

Corneal Topography Yes No **Description** _____

OD	OD	WRX Bi/Tri/PAL	
VA sc	VA cc		OD
OS	OS		OS

	Dom. Eye	Pupils-dim	Pachymetry	Shirmer
OD				
OS				

MANIFEST REFRACTION

OD	20/
OS	20/

IOP OD

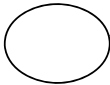
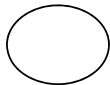






DILATION: TIME: _____

TIME: OS

OD M1% C1% N2.5%
OS M1% C1% N2.5%

CYCLO REFRACTION

OD	
OS	

	OD	OS		OD	OS
			Disc		
Lids/Conj			Vit Retina Mac		
Cornea					
AC/Iris					
Lens					

Method of Treatment: Lasik PRK/Lasek Phakic IOL IOL Intacs Contact Lenses Glasses
 S4 CUSTOMVUE B&L ZYWAVE INTRALASE INTACS SCRIPPS OR MERCY ASC OTHER _____

Explained Risks, Benefits and Alternatives:

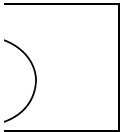
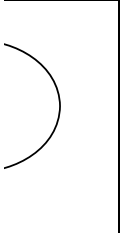
- Wavefront Treatment Presbyopia/Reading Glasses Monovision Alternative Treatments No Guar
 CL's Out Prior to Surgery Dry Eye Over and Under Correction Regression Enhanc
 Glare and Halos Loss of BCVA Poor Night Vision GIs/CLs after Sx Ectasie

DX:

ADD
ADD

ADD
ADD

20/
20/

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