GRAND RAPIDS OPHTHALMOLOGY
Eye Care | Surgery | Laser Correction

Co-Management Follow-up Exam

Direct Doctor Referral Line:
616.456.2020 or 800.968.2600
(f) 616.588.6526

See every moment.®

Patient Name: _____ Date of Birth: ____/____/____

Visit Number: 1 2 3 4 5 Date: _____

Co-managing Physician: _____

Type of Surgery: _____

Date of Surgery: _____

VA with New RX: Right Eye:
Left Eye:

Keratometry: Right Eye:
Left Eye:

Manifest Refraction:

_____ _____ x _____ 20 / _____

_____ _____ x _____ 20 / _____

Add: 20 / _____

Confrontation Fields:

Applanation Tonometry: Right Eye: _____ Left Eye: _____

Slit Lamp Examination:	Normal	Comments
Lids/Lashes:	_____	_____
Conj/Sclera:	_____	_____
Cornea:	_____	_____
Ant. Chamber:	_____	_____
Lens:	_____	_____
Vitreous:	_____	_____

Fundus:

Impression:

Plan:

Signature _____