



See every moment.®

### PATIENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Surgeon \_\_\_\_\_

Procedure  right eye  left eye  both eyes

This visit ( ) days  1 month  2 months  3 months  4 months

### VISION ASSESSMENT

Uncorrected V.A. (right eye) \_\_\_\_\_ 20/ \_\_\_\_\_ (left eye) \_\_\_\_\_ 20/ \_\_\_\_\_

Best corrected V.A. (right eye) \_\_\_\_\_ 20 \_\_\_\_\_ (left eye) \_\_\_\_\_ 20/ \_\_\_\_\_

Current Rx (right eye) \_\_\_\_\_ (left eye) \_\_\_\_\_

Manifest Ref (right eye) \_\_\_\_\_ (left eye) \_\_\_\_\_

Keratometry (right eye) \_\_\_\_\_ Flat \_\_\_\_\_ Steep \_\_\_\_\_ Steep Axis \_\_\_\_\_

(left eye) \_\_\_\_\_ Flat \_\_\_\_\_ Steep \_\_\_\_\_ Steep Axis \_\_\_\_\_

I.O.P. reading (right eye) \_\_\_\_\_ (left eye) \_\_\_\_\_

Corneal Haze Grading (right eye)  clear  trace  mild  moderate  severe

(left eye)  clear  trace  mild  moderate  severe

### POST-PROCEDURE OCULAR MEDICATIONS (after this visit)

Medication (and dosage) \_\_\_\_\_ (right eye) \_\_\_\_\_ (left eye) \_\_\_\_\_

Medication (and dosage) \_\_\_\_\_ (right eye) \_\_\_\_\_ (left eye) \_\_\_\_\_

Medication (and dosage) \_\_\_\_\_ (right eye) \_\_\_\_\_ (left eye) \_\_\_\_\_

Medication (and dosage) \_\_\_\_\_ (right eye) \_\_\_\_\_ (left eye) \_\_\_\_\_

Comments/Concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name (print) \_\_\_\_\_ (phone) \_\_\_\_\_ (fax) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_