

**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) 1 2 3 4 (left eye) 1 2 3 4

**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 \_\_\_\_\_

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

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