



LASIK PRE-OP EXAM

Patient Name:		Chart	Date of Exam	
Address:		City	State	Zip Code
Phone: (Home-Evening)			(Work-Day)	
Occupation:		Age/Date of Birth:	Sex (circle) M F	
Contact Lens Use Circle: PMMA RGP SCL DW EW Wearing Schedule			Date of Last use:	
Medical History	Medical Conditions:			
	Current Medications:			
	Previous Eye Surgeries, Diseases, Injuries:			
	Allergic Reactions (medication/solutions):			
Pre-op Assessment		OD	OS	
Uncorrected Visual Acuity	DV 20/	NV 20/	DV 20/	NV 20/
Current Correction	20/		20/	
Manifest Refraction	20/		20/	
Cycloplegic Refraction	20/		20/	
Dilated with	Mydracyl Neo Cyclogyl @_____	Vertex OD_____mm OS_____mm		
Pupil Size in mm	Ambient_____ Mesopic_____		Ambient_____ Mesopic_____	
Dominant Eye	OD OS	Monovision Y N	Target OD_____ OS_____	
Keratometry	Steep K @		Steep K @	
	Flat K @		Flat K @	
Pachymetry	microns		microns	
Intraocular Pressure	MmHg		MmHg	
Comments		Surgery Date _____		
Risk/Benefits Discussed Y N		PO#1 at ALV or at my office _____		
Co-managing Dr. Doctor's Signature		Phone: Fax: Date: M_____/D_____/Y_____		



EXTERNAL EXAMINATION PUPILS ____ NORMAL EOM ____ NORMAL CVF ____ NORMAL

ANTERIOR SEGMENT

NORMAL

RIGHT EYE

LEFT EYE

ADNEXA _____
lids, lacrimal, orbit, nodes

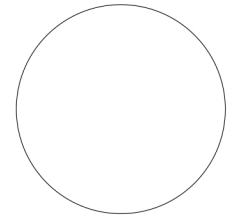
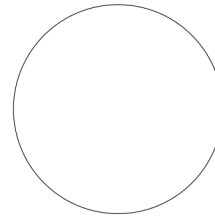
CONJUNCTIVA _____
Palpebral, bulbar

CORNEA _____
Epithelium, Stroma, Endothelium, TF

ANTERIOR CHAMBER _____
Cells, Flare, Depth

IRIS _____

LENS _____
*Clarity, Anterior/Posterior Capsule
Cortex, Nucleus*



NS/PSC _____

NS/PSC _____

FUNDUS _____

VITREOUS _____

MACULA _____

VESSELS _____

PERIPHERAL RETINA _____

OPTIC NERVE _____
Shape, size, color

OD _____ CD

OS _____ CD

