

## Post-Operative Exam

## Refractive Surgery

name  dob (mm/dd/year) phone				Refe	Practice name referring doctor			
				pract				
				refer				
date of procedure					office phone/fax			
date of this exam				office	e contact			
Procedure L	.ASIK	LASIK Retreat	PRK	KAMRA	Eye(s) 1	reated OD O	s ou	
Performed		N	1edicat	ions & Com	ments			
Clinical Findings:	ΟU	Dist	20/	Near 20/	Tar	get <b>OD</b> Plano/Mond	o OS Plano / Mono	
UCVA	OD	Dist	20/	Near 20/	os	Dist 20/	Near 20/	
Manifest Refraction	_			20/			20/	
IOP	_	mmHG	ADD _	20/	r	nmHG ADD _	20/	
	'				'			
LASIK Flap Please	e Circle	All That Apply			PRK Please	e Circle All That App	oly	
Position Excellent /	osition Excellent / Dislodged / Micro-Striae OD/OS/OU					Infiltrate NA/OD/OS/OU (immed. referral to nJoy)		
Clarity Clear / Ede	Clarity Clear / Edema / Haze / Infiltrate OD/OS/OL					NA/OD/OS/OU s	sizemm	
Interface Clear / Ope	ce Clear / Opacities / Epi-Ingrowth / DLK OD/OS/OU				BCL in place NA/OD/OS/OU			
Edges Smooth / F	Smooth / Rolled / Eroded OD/OS/OU				Haze	NA/OD/OS/OU	Grade 1 / 2 / 3 / 4	
KAMRA <i>Position</i> well centered / displaced > 0.5mm				nm	Haze	NA / 1+ / 2+	/ 3+ / 4+	
Assessment & Plan								
			doctor sigi	nature		date		