

Post-Operative Exam

Refractive Surgery

Patient Information	Referring Information
name	practice name
dob (mm/dd/year) phone	referring doctor
date of procedure	office phone/fax
date of this exam	office contact
Procedure Performed LASIK LASIK Retreat PR Medication	K Eye(s) Treated OD OS OU s & Comments
T careation.	
Clinical Findings: OU Dist 20/ Near 20/	_ Target OD Plano / Mono OS Plano / Mono
UCVA OD Dist 20/ Near 20/	OS Dist 20/ Near 20/
Manifest Refraction	20/
IOPmmHG ADD	20/ mmHG
LASIK Flap Please Circle All That Apply	PRK Please Circle All That Apply
Position Excellent / Dislodged / Micro-Striae OD/OS/ Clarity Clear / Edema / Haze / Infiltrate OD/OS/	
Interface Clear / Opacities / Epi-Ingrowth / DLK OD/OS/	
Edges Smooth / Rolled / Eroded OD/OS/	
Assessment & Plan	

date

doctor signature