



# Comanaging Physician Refractive Surgery Preoperative Examination

Date of Exam \_\_\_\_\_ Comanaging OD \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_

Past Medical History \_\_\_\_\_

Past Ocular History \_\_\_\_\_

Meds \_\_\_\_\_ Allergies \_\_\_\_\_

Contact Lens History  None  DWSCL  EWSCL  Toric  Bifocal  RGP x \_\_\_\_\_ years D/C \_\_\_\_\_

Scotopic Pupil Size OD \_\_\_\_\_ OS \_\_\_\_\_ K's OD \_\_\_\_\_ OS \_\_\_\_\_

V<sub>sc</sub> OD 20/ \_\_\_\_\_ J \_\_\_\_\_ EOM \_\_\_\_\_ CT \_\_\_\_\_ / \_\_\_\_\_ Tear Film OD \_\_\_\_\_ OS \_\_\_\_\_  
OS 20/ \_\_\_\_\_ J \_\_\_\_\_ IOP OD \_\_\_\_\_ OS \_\_\_\_\_

Present Rx OD \_\_\_\_\_ 20/ \_\_\_\_\_  
OS \_\_\_\_\_ 20/ \_\_\_\_\_

MR OD \_\_\_\_\_ 20/ \_\_\_\_\_  
OS \_\_\_\_\_ 20/ \_\_\_\_\_

CR OD \_\_\_\_\_ 20/ \_\_\_\_\_  
OS \_\_\_\_\_ 20/ \_\_\_\_\_

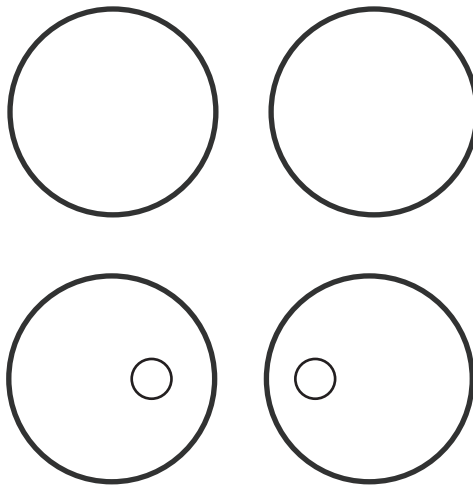
Ocular Dominance  OD  OS

Discussed:

- Presbyopia/Monovision
- Dry Eye
- Risks/Expectations
- Enhancement
- Contacts Out Prior To Surgery

Goal OD \_\_\_\_\_ OS \_\_\_\_\_

- LL  NL
- Conj  NL
- Cornea  NL
- AC  NL
- Lens  NL
- Iris  NL



- CD \_\_\_\_\_ / \_\_\_\_\_
- Macula  NL
- Vessels  NL

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\_\_\_\_\_ OD

Fax Report to 503-520-0403

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