REFRACTIVE SURGERY CENTER

Refractive Surgery Postoperative Examination

Front Desk

Patient Name _____

Rank _____ **Age** _____ **Job** _____ **Date** _____

☐ **PRK** ☐ **LASIK** ☐ **LASEK** ☐ **Re-Treat** **Study** _____

Surgery date OD: _____ **Post-op: 1wk 2wk 4wk 6wk 8wk 3mo 6mo 12mo** _____

Surgery date OS: _____ **Post-op: 1wk 2wk 4wk 6wk 8wk 3mo 6mo 12mo** _____

☐ **Unscheduled visit:** _____
(list reason(s) for visit)

1. Questionnaire (every study, check completion) _____

2. Chief complain / focused Hx: **Eye meds:**

Ophthalmic Tech

	Right	Left
3. Auto Refraction	_____ - _____ x _____	_____ - _____ x _____
4. Auto Keratometry	_____ x _____ @ ____	_____ x _____ @ ____
5. Uncorrected Visual Acuity	20/_____	20/_____
6. Manifest Refraction	_____ - _____ x _____	_____ - _____ x _____
7. Best Corrected Visual Acuity	20/_____	20/_____
8. 5% Contrast (low light)	_____	_____

Ophthalmic Tech

9. Topography	_____	_____
10. Orbscan (comp study)	_____	_____
11. Wavefront (3 X/eye) (unit:_____)	_____	_____
12..Dilating drops	☐ **Mydriacyl 1%** ☐ **Cyclogel 1%** (Wait at least 20 minutes)	@ _____ (time)
13. Dilated WF (3 X/eye) (unit:_____)	_____	_____

Ophthalmic Tech

14. Auto Refraction	_____ - _____ x _____	_____ - _____ x _____
15. Cycloplegic Ref	_____ - _____ x _____	_____ - _____ x _____
16. Intraocular Pressure	_____	_____ @_____ (time)

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Doctors' Examination / Comments

17. Slit Lamp Exam:

- ☐ **Normal post-op PRK OR ⇒**
- ☐ **Normal post-op LASIK OR⇒**
- ☐ **Normal post-op Intacs OR⇒**

18. Fundus/Retina (as indicated):

- ☐ **Normal optic nerve OR ⇒**
- ☐ **Normal macula OR ⇒**
- ☐ **Normal periphery OR ⇒**

19. Notes/Plan:

Extended steroid taper indicated?	☐ **YES**	☐ **NO**	☐ **N/A**
Normal postoperative recovery and exam	☐ **YES**	☐ **NO**	**(if NO, see notes below)**

Follow-up exam _____ ☐ **days** ☐ **weeks** ☐ **months** ☐ **from now** ☐ **post-op**

Investigator _____