IMMEDIATE POST-OP EXAMINATION

Patient:	Rank:

Surgery date:	☐ PRK ☐ LASIK ☐ LASEK ☐ PTK			
Exam date:	OD		OS	
P/op day 1 2 3 4 5 6	UCVA	BCL	UCVA	BCL
Med usage: YES NO	20/	☐ Present ☐ Removed ☐ Absent ☐ Replaced	20/	☐ Present ☐ Removed ☐ Absent ☐ Replaced
Motrin ☐ ☐				
Refresh-Plus ☐ ☐				
Predforte/FML ☐ ☐	Slit Lamp Exam:		Slit Lamp Exam:	
Ocuflox ☐ ☐	☐ Normal post-op recovery		☐ Normal post-op recovery	
Voltaren ☐ ☐	☐ -OR- as indicated below		☐ -OR- as indicated below	
Tetracaine ☐ ☐				
Percocet ☐ ☐				
Phenergan ☐ ☐				
Chief Complaint:				
Symptoms (0=none, 5=severe) OD OS				
Pain				
Tearing				
Photophobia				
Notes:	Conj injection 0 1 2 3 4		Conj injection 0 1 2 3 4	
	Descemet folds 0 1 2 3 4		Descemet folds 0 1 2 3 4	
	Epi defect size (mm) ☐ none _____ mm x _____ mm		Epi defect size (mm) ☐ none _____ mm x _____ mm	
	Flap striae 0 1 2 3 4		Flap striae 0 1 2 3 4	
	Flap debris 0 1 2 3 4		Flap debris 0 1 2 3 4	
	Inflammation 0 1 2 3 4		Inflammation 0 1 2 3 4	

☐ Assessment / Plan *(if normal exam)*:	☐ Assessment / Plan *(if other than normal exam)*:
1. Normal postoperative healing / recovery 2. Continue medications as prescribed (instructions) 3. Follow up in: _____day(s), _____week(s)	

Provider printed name or stamp *Provider signature*