

Pre-op Checklist

Last name: _____ First name: _____

Rank: _____

PRK LASIK

MED Hx **NO Contraindications**

- Collagen vascular disease
- Autoimmune disease
- Immune deficiency
- Diabetes Mellitus
- Keloid / abnormal healing
- Pregnancy
- Thyroid disorder

IOP **WNL**

SLx **NO contraindications**

- EBMD / Map-Dot-Fingerprint
- Evidence of , or risk factors for glaucoma (PDS)
- Significant scarring
- Significant lid disease (blepharitis, MGD...)
- Conjunctiva (eg: large pterygium, pinguecula that could interfere with suction or Tx)

OCULAR Hx **NO contraindications**

- K-Sicca
- Significant scarring / irregular Ks
- Kerataconus
- H/O HSV / HZV

FUNDUS **NO Contraindications**

CL Hx **NO contraindications**

- CLs out long enough
- RGPs; stability documented

NOTES, A&P **Complete**

- Confirm patient availability to complete study (NO deployment, PCS, etc)
- Flight status? (enrolled into appropriate study)
- Cleared for surgery

MEDS **NO contraindications**

Accutane, Cordarone, Imitrex

ALLERGIES **NONE**

Or noted on Op Plan if factor

OP PLAN **Complete, correct**

- Data accurately transcribed
- BCL base curve correct
- Stromal bed calculation correct
- Notes to surgeon complete if issues to be addressed

REF. DATA **NO discrepancies**

- Stability; MR vs CR vs OLD Rx
- Ks; FLAT K, then STEEP K, then STEEP meridian
- Ks vs CYL AXIS...correlated

TOPOS **WNL**

Color print in chart

STUDY DATA **Complete as required**

- TOPOs
- WF (non-dilated and dilated)
- ORBscan
- Pupils

Preoperative review complete:

Cleared for surgery
 Not cleared for surgery
(note discrepancies below)

(Provider Stamp / Signature)