

LASIK Pre-op Examination Form

SEA Record of Medical Care



Date of Last Eye Exam: _____ Optometrist: _____

Prime Motivation for Treatment: _____

Age of Current Spectacle Rx: _____

Does Patient Wear Contact Lenses? YES NO

Contact Lens Type/Brand: _____

Number of Years in Contacts: _____

Daily Wear Extended Wear

Date Contacts Last Worn: _____

Ocular History: _____

Ocular Medications: _____

OD	OBJECTIVE VA SC	OS
20/ _____ Distance	Distance 20/ _____ OU	Distance 20/ _____
20/ _____ Near	Near 20/ _____ OU	Near 20/ _____
20/ _____ OD	WRx OS _____	20/ _____
20/ _____ ADD	ADD _____	20/ _____
20/ _____ OD	R / AR OS _____	20/ _____
20/ _____ OD	MR OS _____	20/ _____
20/ _____ OD	NMR OS _____	20/ _____
20/ _____ OD	CR OS _____	20/ _____

Clear _____ @ _____ OD	K's OS _____ @ _____	Clear _____
Distorted _____ @ _____ OD	OS _____ @ _____	Distorted _____
_____ Atch OD	TOPO OS Atch _____	

+ / - APD _____ + Rxn _____ mmD _____ mmL OD	PUPILS OS _____ mmD _____ mmL _____ + Rxn + / - APD
_____ OR / UR / Full OD	MOT OS Full / UR / OR _____
_____ CONST / FTFC OD	CF OS FTFC / CONST _____
_____ OD	Ocular DOM OS _____
_____ OD	W to W OS _____
_____ OD	Vertex OS _____
_____ OD	Palp Aperature OS _____

_____ / _____ / _____ OD	Central PACH OS _____ / _____ / _____
_____ / _____ / _____ OD	Superior PACH OS _____ / _____ / _____
_____ / _____ / _____ OD	Inferior PACH OS _____ / _____ / _____

20/ _____ LO 20/ _____ MED 20/ _____ HI OD	BAT OS LO 20/ _____ MED 20/ _____ HI 20/ _____
@ _____ am / pm _____ mmHg PEN / TAG OD	IOP OS TAG / PEN _____ mmHg @ _____ am / pm

Dilated: OD / OS / OU M.5% / 1% / N 2.5% / 10% / C 1% @ _____ am / pm

Tech: _____ Time In: _____ Page: _____

Name: _____ Age: _____ Ethnic Background: _____ Gender: Male Female

LASIK Pre-op Examination Form (cont)

SEA Record of Medical Care



OBJECTIVE (cont)

SLE / OPHT

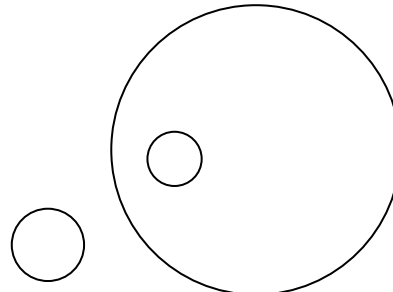
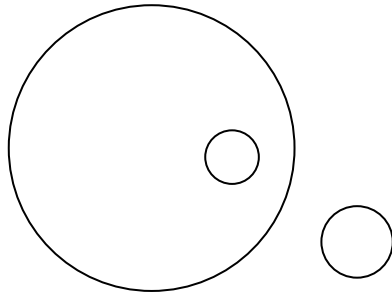


_____ Deep Set / Prom Brow / NL
 _____ Positive / Negative
 _____ OK
 _____ Decrease TBUT / NL
 _____ Meib Caps / Debris / NL
 _____ Inj / Papillae / Ping / NL
 _____ Stain / Pteryg / Arcus / NL
 _____ Flare / Cells / Shallow / NL
 _____ Neo / Atrophy / Irreg Pupil / NL
 _____ CS / _____ PSC / _____ NS / NL
 _____ Decentered / Centered / NL
 _____ Folds / Haze / Open / NL
 _____ PVD / Syneresis / NL
 _____ / NL
 _____ Edema / Drusen / Mottling / NL
 _____ Attenuation / Tortuosity / NL
 _____ RPE Changes / Drusen / NL

Anatomy NL / Prom Brow / Deep Set _____
Scleral Thin Negative / Positive _____
Corn. Integ. OK _____
TF NL / Decrease TBUT _____
EXT NL / Debris / Meib Caps _____
CONJ NL / Ping / Papillae / Inj _____
CORN NL / Arcus / Pteryg / Stain _____
AC NL / Shallow / Cells / Flare _____
IRIS NL / Irreg Pupil / Atrophy / Neo _____
LENS NL / NS _____ / PSC _____ / CS _____
IOL NL / Centered / Decentered _____
PC NL / Open / Haze / Folds _____
VIT NL / Syneresis / PVD _____
DISC NL / _____
MAC NL / Mottling / Drusen / Edema _____
BV NL / Tortuosity / Attenuation _____
PRA NL / Drusen / RPE Changes _____

Discussed the Following Re: Surgery

- Presbyopia
- Blindness
- 20/20 VA Not Guaranteed
- VA May Not Be Correctable To 20/20
- May Need Spectacles for Night Driving
- Glare/Halos
- Infection/ Inflammation
- Mechanical/ Microkeratome Malfunctions
- Cataracts
- DES Post-Op
- Poor CL Tolerance Post-Op
- Under / Over Correction



EO / BIO / HRUBY / 78-90D / 3-M / DO

_____ C / D _____

EO / BIO / HRUBY / 78-90D / 3-M / DO

ASSESSMENT / PLAN

Myopia / Hyperopia / Astigmatism / Presbyopia OD / OS / OU DES / Cataract / Other _____ OD / OS / OU

- Stable Candidate: Current exam compared to spectacle / previous data from O.D.
- PACH
- TOPO
- PUPILS _____
- Schedule LASIK Surgery
- Schedule PRK
- Schedule RK
- Schedule CK
- OD / OS / OU
- Unstable Candidate: Recheck date on: _____
- Poor Candidate Secondary to: _____
- Request Previous Records From: _____
- Need A-Scan Prior to Surgery

Post-Op Care Through: SEA Primary O.D. _____ Patient Needs an O.D. _____

Eye Care Provided By: _____

SIGNATURE: _____

DATE: _____

Name: _____

Page #: _____