



# Eye Institute Laser Vision Center PRK Post-op Evaluation

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Post-Op Doctor \_\_\_\_\_ Surgery Date \_\_\_\_\_

Surgeon  Steve Khachikian, MD  Terry Spencer, MD

LAST UCVA: OD: 20/\_\_\_\_ J\_\_\_\_ OS: 20/\_\_\_\_ J\_\_\_\_ OU: 20/\_\_\_\_ J\_\_\_\_

EXAM:  1 Day  1 Week  1 Month  3 Month  6 Month  12 Month  Other \_\_\_\_\_

### RIGHT EYE

Meds: Zymar \_\_\_\_\_ P.Forte \_\_\_\_\_ A. Tears \_\_\_\_\_  
Other: \_\_\_\_\_

### LEFT EYE

Meds: Zymar \_\_\_\_\_ P. Forte \_\_\_\_\_ A. Tears \_\_\_\_\_  
Other: \_\_\_\_\_

UCVA: 20/\_\_\_\_ J\_\_\_\_ (blurry / glare / double / fluctuates)

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Symptoms: \_\_\_\_\_

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Patient comments:  Happy  Wants enhancement

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Refraction: \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis 20/\_\_\_\_

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UCVA: 20/\_\_\_\_ J\_\_\_\_ OU

### CORNEA-OD

Epi:  Excellent  SPK  Other: \_\_\_\_\_  
BCL:  Replaced  Removed  NA  
Clarity:  Clear  Edema  Haze  
If Haze:  Mild  Mod  Severe  
 Visually Significant

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IOP (after 1 week / applanation): \_\_\_\_\_ mm

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Topography: Central flattening Decentered > 1mm Central Island

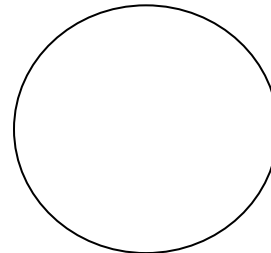
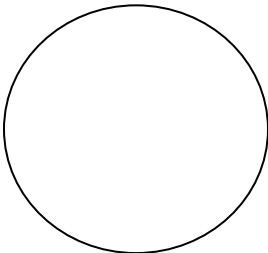
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Doctor Comments:  Excellent  Stable  Enhancement

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Enhancement: Myopia / Hyperopia / Cylinder

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Diagnosis/Plan:

Next Visit:  1 Day  1 Week  1 Month  
 3 Month  6 Month  12 Month  Other \_\_\_\_\_

\_\_\_\_\_  
Doctor Signature

Please fax to Black Hills Regional Eye Institute Laser Vision Center 605-719-3330