

Laser Vision 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

Patient comments: Happy Wants enhancement

Refraction: _____ SPH _____ CYL _____ Axis 20/____

Refraction: _____ SPH _____ CYL _____ Axis 20/____

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

CORNEA-OS

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

IOP (after 1 week / applanation): _____ mm

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Topography: Central flattening Decentered > 1mm Central Island

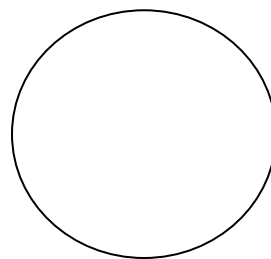
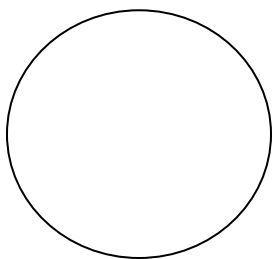
Topography: Central flattening Decentered > 1mm Central Island

Doctor Comments: Excellent Stable Enhancement

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Enhancement: Myopia / Hyperopia / Cylinder

Enhancement: Myopia / Hyperopia / Cylinder



Diagnosis/Plan:

Next Visit: 1 Day 1 Week 1 Month
 3 Month 6 Month 12 Month Other _____

Doctor Signature