

# Laser Vision Post-Op Evaluation

Account # \_\_\_\_\_  
EI Use

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_\_

Post-Op Doctor \_\_\_\_\_ Surgery Date \_\_\_\_\_ iLasik or PRK

Surgeon  Steve Khachikian, MD  Michael daSilva, 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

**CORNEA-OS**

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

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

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Topography: Central flattening Decentered > 1mm Central Island

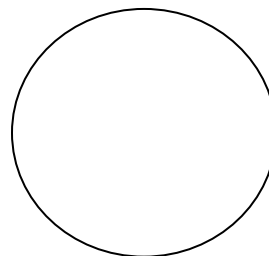
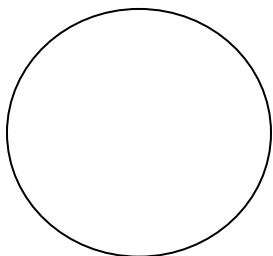
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Doctor Comments:  Excellent  Stable  Enhancement

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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