



# PRK Post Op

**FAX TO: 216-674-6410**

Patient \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Affiliate: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Procedure Date:** \_\_\_\_\_

## OD

## OS

Post op exam date: \_\_\_\_\_ / \_\_\_\_\_ Day / Week / Month / Yr.

Post op exam date: \_\_\_\_\_ / \_\_\_\_\_ Day / Week / Month / Yr

Patient comments: \_\_\_\_\_

Patient comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meds : \_\_\_\_\_

Meds : \_\_\_\_\_

UCVA: 20/ \_\_\_\_\_ BCVA (pre sx) 20/ \_\_\_\_\_

UCVA : 20 / \_\_\_\_\_ BCVA (pre sx) 20/ \_\_\_\_\_

Target: Distance / Mono Dominant eye: OD / OS

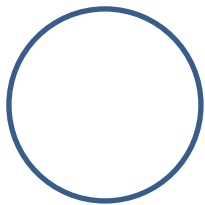
Target: Distance / Mono

Refraction (1mo & 3mo) \_\_\_\_\_ 20/ \_\_\_\_\_

Refraction (1mo & 3mo) \_\_\_\_\_ 20/ \_\_\_\_\_

**Corneal Evaluation      Degree of haze      Pattern of haze**

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Clear / Trace

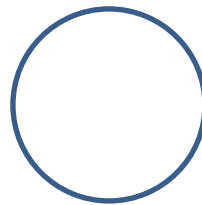
Diffuse

Mild / Moderate

Focal

Severe

Arcuate



Clear / Trace

Diffuse

Mild / Moderate

Focal

Severe

Arcuate

Summary : Excellent / Stable / LVC to Evaluate / Other

Summary : Excellent / Stable / LVC to Evaluate / Other

Follow Up / Treatment / Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affiliate : \_\_\_\_\_ Date \_\_\_\_\_