

# LASIK / PRK Post-Op Evaluation Empire Eye Physicians Dr. Kontos Dr. Sturbaum

## ADDITIONAL COMMENTS

Patient Name: \_\_\_\_\_ Comanaging Doctor Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ O doctor O assistant  
 Empire Eye Physicians O fax(509) 928-0784 O do not fax Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Right Eye

### Left Eye

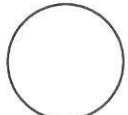
Procedure Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
 Procedure Type: O Primary Lasik O Repeat Lasik  
 Pre-Procedure Rx: \_\_\_\_\_  
 Pre-Procedure BCVA: 20/\_\_\_\_ Age: \_\_\_\_ Aim: Plano Mono  
 Aim Refraction For Mono \_\_\_\_\_

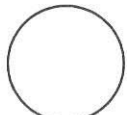
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Post op scheduled  
 With Dr. \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

### Exam

### Exam

Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
 Circle: Day 1 Week: 1 2 3 Month: 1 2 3 6 9 12  
 Meds: (circle) Vigamox qid Art. Tears prn  
 Flarex qid  
 Dva sc 20/\_\_\_\_ (blurry / glare / double / fluctuates)  
 Nva sc 20/\_\_\_\_  
 Refraction: \_\_\_\_\_ 20/\_\_\_\_  
 Keratometry \_\_\_\_\_ X \_\_\_\_\_  

 LASIK Corneal Flap: (circle)  
 Position: excellent dislodged striae  
 Clarity: clear edema haze  
 Interface: clear debris epith. ingrow.  
 Edges: smooth rolled eroded  
 IOP: (after 1 week): \_\_\_\_\_ mmHG  
 Tx: (circle) Vigamox qid Flarex qid Art. Tears prn  
 Other: \_\_\_\_\_  
 Pt. Comments: O happy with results O wishes enhancement  
 Dr. Comments: O excellent O stable O enhancement  
 Enhancement: O myopia / hyperopia / cylinder  
 O Dr. will call Empire O Pt. will call Empire  
 Follow-up: O with Comanaging doctor O with Empire  
 Next Visit: 1 2 3 4 5 6 \_\_\_\_\_ weeks / months  
 Comments: \_\_\_\_\_

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It's important that all sections of this form are filled out completely.