



**EMPIRE EYE**  
PHYSICIANS

EmpireEye.com

**COEUR D'ALENE OFFICE**

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**SPOKANE VALLEY OFFICE**

1414 N. Houk Rd., Suite 103, Spokane Valley, WA 99216  
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**Refractive Surgery Post-Op Report**

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

Date of Birth: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Surgery Type:  LASIK  PRK

Examining Doctor: \_\_\_\_\_

Exam Interval

Date of Exam: \_\_\_\_\_

1 Day

1 Week

1 Month

3-6 Months

Uncorrected VA: OD 20/\_\_\_\_\_ OS 20/\_\_\_\_\_

**RIGHT EYE**

Manifest Refraction: \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_ 20/\_\_\_\_\_

**LEFT EYE**

Manifest Refraction: \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_ 20/\_\_\_\_\_

How would you rate the patient's satisfaction?

- Very Satisfied  Satisfied  Dissatisfied  Very Dissatisfied

Comments or other pertinent exam findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Return To:**  
Empire Eye Physicians  
Fax 509-928-0784