The Eye Center
Of Southern Indiana

Refractive Surgery Pre-Op Examination

Patient: _____ **Age:** _____ **Date:**_____

Eye History/Chief Complaint:

Co-Managing Optometrist:_____

Contact Lens History
Type of Lenses: Circle applicable
Soft: Daily Extended Toric
Rigid Lenses: K's & RX stable: Y N
Years Worn: _____ Last Worn: _____
Complications: _____

Current RX: **Vert. Dist. ___** **VA sc**

OD: _____ 20/ ____ OD: _____

OS: _____ 20/ ____ OS: _____

Dry Refraction **Cycloplegic: 1% Cyclogel x 40 minutes Time: _____**

OD: _____ 20/ _____ OD: _____ 20/ _____

OS: _____ 20/ _____ OS: _____ 20/ _____

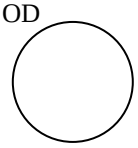
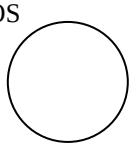
Dominant Eye OD OS **Monovision:** Discussed: ____ Patient declines monovision: ____

Pupils: _____PERRLA-MG **Size in dim light** OD: _____ OS: _____ **Alignment**: ____ **Confrontations**: _____

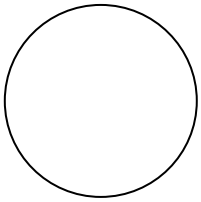
Keratometry: OD: _____ **Topography:** OD: _____

(AR Manual) OS: _____ OS: _____

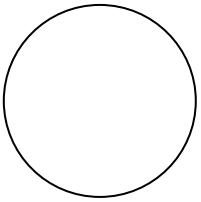
Biomicroscopy

OD  ____conj____ ____cornea____ ____AC____ ____lens____ OS 

Fundus: OD OS



____C/D____
____posterior seg____
____periphery____



IOP: OD ____ / OS ____ @ _____

Manual Pachymetry: OD:_____ **OS:**_____

Assessment:

Plan:

___ LASIK: ___ same day bilateral ___ eye first (CV Trad)

___ Discussion of possible PRK due to corneal thickness if necc.

___ Monovision ___ eye distance ___ eye near with target of _____

___Patient requests comanagement of post-op care with Dr._____

Signature:_____

___Fax to The Eye Center 812-333-5039 on/before 2 days prior to surgery

The Eye Center use: Pentacam done: _____ Wavescan done: _____ CP done: _____ Video:_____ Other:_____

Meet SEH/JPG: _____ Meet JMM/WJC: note:_____

Revised: 3/5/2014