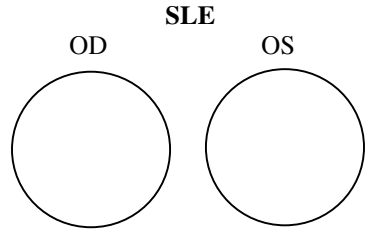


LASIK PO EVALUTAION

Name: _____ Sex: _____ Age: _____ Pt. #: _____ Date: _____

S/P LASIK Epi-LASIK PRK PTK OD OS OU Meds: Vigamox Nevanac PF Comfort drops AT
Day _____ primary enhancement

CC:



SC: OD 20/ _____ MR: OD _____ 20/ _____
SC: OS 20/ _____ MR: OS _____ 20/ _____
OU: 20 _____

IOP OD _____ OS _____ TP @ _____

ASSESSMENT:

PLAN:

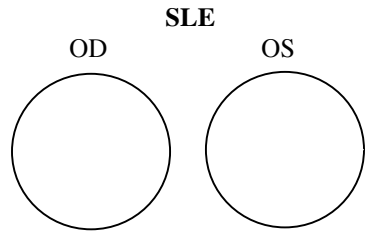
Flap: Intact
Cornea: Clear Haze Stria Edema
BCL: In place Fit OK Tight Loose
Healed _____% Pain /10

RTC: _____ Dr. _____

Date _____

S/P LASIK Epi-LASIK PRK PTK OD OS OU Meds: Vigamox Nevanac PF Comfort drops AT
Day _____ primary enhancement

CC:



SC: OD 20/ _____ MR: OD _____ 20/ _____
SC: OS 20/ _____ MR: OS _____ 20/ _____
OU: 20 _____

IOP OD _____ OS _____ TP @ _____

ASSESSMENT:

PLAN:

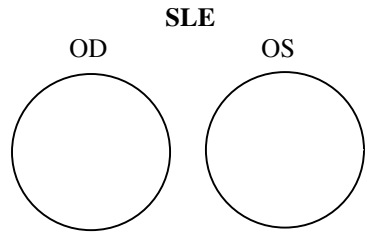
Flap: Intact
Cornea: Clear Haze Stria Edema
BCL: In place Fit OK Tight Loose
Healed _____% Pain /10

RTC: _____ Dr. _____

Date _____

S/P LASIK Epi-LASIK PRK PTK OD OS OU Meds: Vigamox Nevanac PF Comfort drops AT
Day _____ primary enhancement

CC:



SC: OD 20/ _____ MR: OD _____ 20/ _____
SC: OS 20/ _____ MR: OS _____ 20/ _____
OU: 20 _____

IOP OD _____ OS _____ TP @ _____

ASSESSMENT:

PLAN:

Flap: Intact
Cornea: Clear Haze Stria Edema
BCL: In place Fit OK Tight Loose
Healed _____% Pain /10

RTC: _____ Dr. _____