# DURRIE VISION

See a dramatic difference.

## Refractive Surgery Evaluation

| | | | |
|---|---|---|---|
| Pt. Name: | DOB: | Sex: M F | Exam Date: |
| Home Address: | City/State/Zip: | | |
| Daytime Phone: | Mobile Phone: | | |

Contacts: None Soft RGP — Total Years Worn: ____ Contacts Last Worn: ____

Previous Ocular History: N/A Other:

Pachs: OD ____ OS ____
IOP: OD ____ OS ____
Dominant Eye: OD OS

| | OD | OS |
|---|---|---|
| EOM: Normal | | |
| CVF: FTC | | |
| APD: None | | |
| Pupil Size (mm) | | |
| Room Light: | | |
| Dim Light: | | |
| Schirmer's Test: | ____ mm/5min | ____ mm/5min |

VA SC:
Dist: OD: 20/____ OS: 20/____ OU: 20/____
Near: OD: 20/____ OS: 20/____ OU: 20/____

Manifest Rx:
OD ____ ____ x ____ = 20/____
OS ____ ____ x ____ = 20/____

Cyclo Rx: **Required**
OD ____ ____ x ____ = 20/____
OS ____ ____ x ____ = 20/____

K's:
OD ____ @ ____ / ____ @ ____
OS ____ @ ____ / ____ @ ____

Slit Lamp Exam

| | | OD | OS |
|---|---|---|---|
| External/Lids | WNL | | |
| Conjunctiva | WNL | | |
| Cornea | WNL | | |
| Lens | Clear | Type/Grade | Type/Grade |

Indirect Exam:

| | | OD | OS |
|---|---|---|---|
| Disc | WNL | C/D: | C/D: |
| Macula | WNL | | |
| Periph | WNL | | |

Procedure(s) Discussed with Patient:

| | | | | | |
|---|---|---|---|---|---|
| OD: | SBK/LASIK | ASA/PRK | CK | Refractive Lens Exchange | Phakic IOL |
| OS: | SBK/LASIK | ASA/PRK | CK | Refractive Lens Exchange | Phakic IOL |

Doctor Name: ____
Office Address: ____
Office Phone: ____
Office Fax: ____
Contact Person: ____
Doctor Signature: ____

Notes

**Please fax to: 913-491-9650 ATTN: Refractive Surgery Counselor**
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