

# DURRIE VISION

See a dramatic difference.

## Refractive Surgery Post-Operative Visit

Pt. Name:		DOB:		Exam Date:			
Procedure Done:	SBK/LASIK	ASA/PRK	CK	Time Since Surgery:	1 month	3 months	6 months
					12 months	Other: _____	
Current Eye Meds:						Dominant Eye: OD OS	

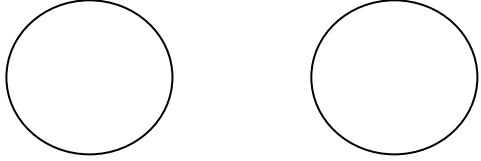
<u>VA</u>	Dist:	OD: 20/ _____	OS: 20/ _____	<b>OU: 20/ _____</b>
<u>SC:</u>	Near:	OD: 20/ _____	OS: 20/ _____	<b>OU: 20/ _____</b>

<u>VA</u>	Dist:	OD: 20/ _____	OS: 20/ _____	<b>OU: 20/ _____</b>
<u>C:</u>	Near:	OD: 20/ _____	OS: 20/ _____	<b>OU: 20/ _____</b>

<u>Manifest</u>	OD	_____ x _____ = 20/ _____
<u>Rx:</u>	OS	_____ x _____ = 20/ _____

<u>K's:</u>	OD	_____ @ _____ / _____ @ _____
	OS	_____ @ _____ / _____ @ _____

		<u>Slit Lamp</u>	
		OD	OS
Lids:	WNL	_____	_____
Conj:	WNL	_____	_____
Sclerae:	WNL	_____	_____
Tear Film:	WNL	_____	_____
A/C:	clear and quiet	_____	_____
Iris:	without rubeosis	_____	_____
Lens:	clear	_____	_____

<u>Corneal Findings</u>	
	
Written Description: _____	
_____	
_____	
_____	
_____	

Medication Instructions: _____
_____
_____

Discussion: _____
_____
_____
_____
_____

Follow Up Plan: _____
_____
_____

Doctor Name:	Doctor Signature:
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**Please fax to: 913-491-9650 ATTN: Refractive Surgery Counselor**  
 5520 College Blvd Ste 201, Overland Park, KS 66211      Phone: (913)491-3330

