

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Tx:  LASIK  ENHANCEMENT

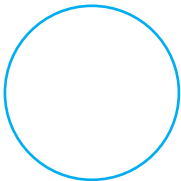
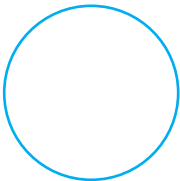
Co-Managing Doctor: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

Dr. Fax: \_\_\_\_\_ Dr. Email: \_\_\_\_\_

Original Treatment Date: D: \_\_\_\_\_ M: \_\_\_\_\_ Y: \_\_\_\_\_ Postoperative Visit: D: \_\_\_\_\_ M: \_\_\_\_\_ Y: \_\_\_\_\_

Original Rx OD: \_\_\_\_\_ 20/ \_\_\_\_\_ OS: \_\_\_\_\_ 20/ \_\_\_\_\_

M

	OD Target: Plano/Other: _____	OS Target: Plano/Other: _____
UCDVA	20/ (blurry/glare/dbl/fluctuates)	20/ (blurry/glare/dbl/fluctuates)
Refraction	20/	20/
SLIP LAMP	<p><b>LASIK Corneal Flap: (circle)</b></p> <p>Position: excellent/ dislodged/striae Clarity: clear/edema/haze Interface: clear/opacities/epithelial ingrowth Edges: smooth/rolled/eroded</p> <p><b>KAMRA:</b></p> <p>Position: well centred/displaced &gt;0.5mm Haze: None/1+/2+/3+/4+</p> 	<p><b>LASIK Corneal Flap: (circle)</b></p> <p>Position: excellent/ dislodged/striae Clarity: clear/edema/haze Interface: clear/opacities/epithelial ingrowth Edges: smooth/rolled/eroded</p> <p><b>KAMRA:</b></p> <p>Position: well centred/displaced &gt;0.5mm Haze: None/1+/2+/3+/4+</p> 
IOP	mmHg	mmHg

Next followup visit scheduled: \_\_\_\_\_ day/week/month/year Followup required with BLEC: **Y/N**

Doctors comments/Treatment: Excellent/stable/enhancement \_\_\_\_\_

D: \_\_\_\_\_ M: \_\_\_\_\_ Y: \_\_\_\_\_

OD Signature \_\_\_\_\_