Eye Doctors OF WASHINGTON

FOLLOW UP – LASER SURGERY

Patient: **Age:** **Eye Care Provider:**

Surgical Information:

OD	OS
MR:	**MR:**
CR:	**CR:**
Surgery: LASIK PRK MONO	**Surgery:** LASIK PRK MONO
Enhancements:	**Enhancements:**
1) Date:	1) Date:
2) Date:	2) Date:

Notes:

Date: **Visit:** POD___ /POW ____ / POM____/ POY_____ **Tech:**

Chief Complaint: ______________________________

OD	OS
UCVA: Dist 20/ Near 20/	UCVA: Dist 20/ Near 20/
MR: ____________________	MR: ____________________
CR: ____________________	CR: ____________________

__________ Epi __________
__________ Strom __________
__________ Flap __________
__________ Inta __________

Ta_____ OD_____
Time: OS_____

Assessment: **Plan:**

Medication History: OD/OS

- [ ] Bes/Zym __/__ → __/__
- [ ] PF/ Lot __/__ → __/__
- [ ] Brom __/__ → __/__
- [ ] Tears______ __/__ → __/__
- [ ] Restasis __/__ → __/__
- [ ] Comfort Drops

______________ __/__ → __/__

Date: **Visit:** POD___ /POW ____ / POM____/ POY_____ **Tech:**

Chief Complaint: ______________________________

OD	OS
UCVA: Dist 20/ Near 20/	UCVA: Dist 20/ Near 20/
MR: ____________________	MR: ____________________
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__________ Strom __________
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Ta_____ OD_____
Time: OS_____

Assessment: **Plan:**

Medication History: OD/OS

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UCVA: Dist 20/ Near 20/	UCVA: Dist 20/ Near 20/
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Time: OS_____

Assessment: **Plan:**

Medication History: OD/OS

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______________ __/__ → __/__