COHEN LASER & VISION CENTER TLC Laser Eye Centers®

SURGERY POST-OP EXAM ***REFERRING DOCTOR:_____***

NAME:_____ ☐ M ☐ F ☐ X DATE:_____

DOB: _____ AGE: _____ Surgery date: ☐ OD_____ ☐ OS _____

Surgery Type: ☐ LASIK ☐ PRK ☐ ICL ☐ CATARACT ☐ OTHER_____

Meds: ☐ pred/moxi ☐ pred/moxi/brom ☐ other_____ Freq: OD_____ OS _____

CHIEF COMPLAINT/HPI _____

_____

WORK-UP:

SC DV: 20/_____ OD NV: J_____ OD IOP:_____mmHg OD

SC DV: 20/_____ OS NV: J_____ OS IOP:_____mmHg OS

ARX: _____ _____ x _____ 20/_____ OD

_____ _____ x _____ 20/_____ OS

MRX: _____ _____ x _____ 20/_____ OD

_____ _____ x _____ 20/_____ OS

EXAM:	**WNL OU**	**OD**	**OS**
External/Eyelids	☐	☐ blepharitis ☐ chalazion	☐ blepharitis ☐ chalazion
Conjunctiva	☐	☐ injection ☐ pinguecula	☐ injection ☐ pinguecula
Cornea	☐	☐ flap ☐ dry ☐ ingrowth ☐ striae	☐ flap ☐ dry ☐ ingrowth ☐ striae
Anterior	☐	☐ cell ☐ flare ☐ narrow	☐ cell ☐ flare ☐ narrow
Iris	☐	☐ PI ☐ atrophy ☐ nevus	☐ PI ☐ atrophy ☐ nevus
Lens	☐	☐ cataract ☐ PXF ☐ PCIOL ☐ PCO	☐ cataract ☐ PXF ☐ PCIOL ☐ PCO
Vitreous	☐	☐ floaters ☐ Weiss ☐ heme	☐ floaters ☐ Weiss ☐ heme
Optic disc	☐	C/D ☐ PPA ☐ large cup	C/D ☐ PPA ☐ large cup
Retina	☐	☐ drusen ☐ heme ☐ edema	☐ drusen ☐ heme ☐ edema
Periphery	☐	☐ drusen ☐ heme ☐ hole/tear	☐ drusen ☐ heme ☐ hole/tear

Other exam findings:_____

_____

Assessment/Plan: _____

Follow Up: ____ days ____ weeks ____ months Signature:_____