

Pre-op Exam

Date: _____

Patient Name: _____ ☐ M ☐ F DOB ____/____/____ Age ____

Optometrist: _____

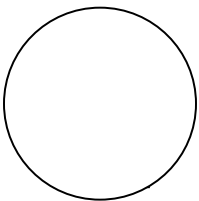
Occupation: _____ Hobbies: _____

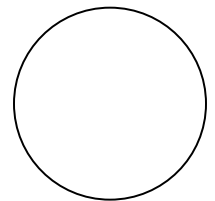
CC & HPI _____**Pertinent History:** _____**MEDS:** _____ ☐ FLOMAX**Contacts:** Hard / Soft **Date last worn:** _____**Drug allergies:** ☐ NKDA ☐ Other _____ Eye Color _____ Eth _____**OD****Ocular Dominance** ☐ OD ☐ OS**OS**J _____
20 _____UCVA J _____
Spec Rx 20/ _____

K readings _____

20/ _____

MR 20/ _____

TF #1 ☐ Likes ☐ DislikesTF #2 ☐ Likes ☐ Dislikes20 _____
mmHg
μCR (gtts : _____) 20 _____
IOP _____ mmHg @ _____
Pachs (if available) _____ μ_____

_____Lids/Adnexa _____
Conj _____
Cornea _____
AC _____
Iris/Lens _____
Fundus _____**Special Needs:** _____ **Retinal Eval:** ☐ Before Sx ☐ After Sx _____☐ LASIK / PRK ☐ Cross-linking
☐ Phakic IOL ☐ Corneal Transplant ☐ Pterygium
☐ RLE ☐ CE IOL ☐ Dry Eye Therapy (DELIT)
Other _____☐ LASIK / PRK ☐ Cross-linking
☐ Phakic IOL ☐ Corneal Transplant ☐ Pterygium
☐ RLE ☐ CE IOL ☐ Dry Eye Therapy (DELIT)
Other _____

(1) Distance Rx _____

(2) Desired Refractive Outcome _____

Informed Consent: Discussed potential risks and benefits including: _____

LM Date: _____ Surgery Date: _____ Surgeon: _____ Counselor: _____

ASSIL EYE INSTITUTE: Phone # 310- 651- 2300 Attn: Patient Services Administrator. Fax no later than 3 days prior to exam. FAX # 310- 651-2342

Revised 6/29/17

Patient Name: _____ ☐ M ☐ F DOB ____/____/____ Age ____ Date: _____

_____ TF #3 _____ ☐ Likes ☐ Dislikes

_____ TF #4 _____ ☐ Likes ☐ Dislikes

_____ ☐ Ortho Cover Test ☐ Ortho _____ ☐ ET ☐ XT

_____ ☐ Intact EOM ☐ Intact _____

_____ ☐ Full Amsler Grid ☐ Full _____

_____ ☐ FTFC CVF ☐ FTFC _____

OD _____/14

Color Plates

OS _____/14

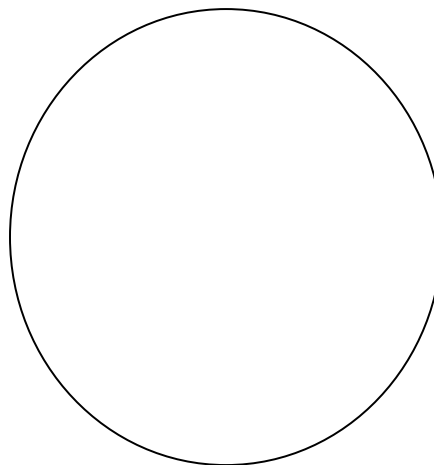
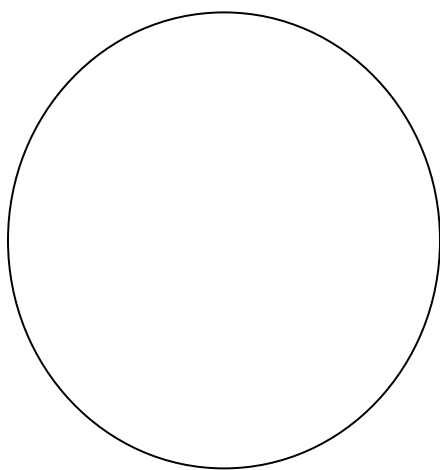
Stereopsis Fly +/- _____ sec. arc

Neuro/psych ☐ Alert & Oriented ☐ HHQ ☐ No change signature _____

Extended Ophthalmoscopy

OD

OS



Impression:

Plan:

Consult Type _____ with Dr. _____ Exam Date: _____

☐ Before Surgery ☐ After Surgery

Signature: _____ Date: _____