



Co-Managing Refractive Surgery Post-op Exam Form

NAME _____	DATE _____
SURGERY DATE <input type="radio"/> SMILE <input type="radio"/> LASIK <input type="radio"/> PRK <input type="radio"/> ENCHANCEMNT	SURGERY TYPE

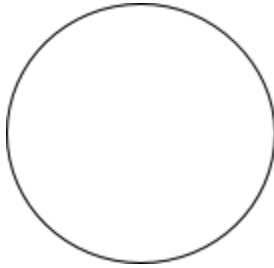
POST-OP EXAM 1 day 3-4 day 1 month 3 month 6 month 1 year supplementary _____

MEDICATIONS Polytrim/Ofloxacin _____ Lotprednol/Pred Forte/Durezol _____ Restasis/Xiidra _____ Refresh Plus _____
 Prolensa _____ Lotemax _____

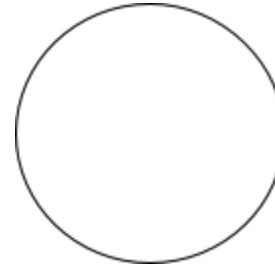
HISTORY () Good Vision _____ () Blurred Vision _____ () Fluctuating Vision _____ () Dry Eyes _____
() Discomfort _____ () Glare/Haloes _____ () Other _____

OD 20/ _____ manifest _____ _____ _____ 20/ _____ cyclo _____ _____ _____ 20/ _____	OS 20/ _____ manifest _____ _____ _____ 20/ _____ cyclo _____ _____ _____ 20/ _____
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IOT _____



IOT _____



OD							OS						
SPK	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV	SPK	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV
MICROFOLDS	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV	MICROFOLDS	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV
Bowman's Cracks	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV	Bowman's Cracks	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV
EDEMA	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV	EDEMA	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV
DLK	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV	DLK	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV
Epi. Ingrowth	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV	Epi. Ingrowth	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV
INFECTION	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV	INFECTION	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV
HAZE	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV	HAZE	<input type="radio"/> none	<input type="radio"/> grade ½	<input type="radio"/> grade I	<input type="radio"/> grade II	<input type="radio"/> grade III	<input type="radio"/> grade IV
DEBRIS	<input type="radio"/> none	<input type="radio"/> blood	<input type="radio"/> meibomian	<input type="radio"/> metallic	<input type="radio"/> inorganic	<input type="radio"/> other	DEBRIS	<input type="radio"/> none	<input type="radio"/> blood	<input type="radio"/> meibomian	<input type="radio"/> metallic	<input type="radio"/> inorganic	<input type="radio"/> other

ASSESSMENT/PLAN

DR _____ **MD / OD** _____ **OFFICE PHONE #** _____

Please fax to The Harman Eye Clinic at 360-435-5233 or Edmonds Eye, MD at 425-673-3993