



Patient Name: _____

Patient DOB: _____

Co-managing: _____

Procedure: Primary Enhancement

Target: OD _____ OS _____

OD

OS

Surgery Date: Month _____ Day _____ Year _____

Exam Date: Month _____ Day _____ Year _____

Post-op Visit: 1 day 1 week 1 month 6 month

Surgery Date: Month _____ Day _____ Year _____

Exam Date: Month _____ Day _____ Year _____

Post-op Visit: 1 day 1 week 1 month 6 month

HISTORY

Doing Well Other _____

Doing Well Other _____

OCULAR MEDICATIONS

PMN TID Prednisolone TID/BID/QD ATs None

PMN TID Prednisolone TID/BID/QD ATs None

VISION

UCVA: 20/ _____

MR: _____ 20/ _____

UCVA: 20/ _____

MR: _____ 20/ _____

SLIT LAMPEVALUATION

BCL: none in place 

Epi Defect: none _____ mm

Clarity: clear irregular epi haze

Other: _____

IOP (at 1 month visit): _____ mmHg

BCL: none in place 

Epi Defect: none _____ mm

Clarity: clear irregular epi haze

Other: _____

IOP (at 1 month visit): _____ mmHg

IMPRESSION

Excellent Other _____

Excellent Other _____

PLAN

Continue Present Management Other

Continue Present Management Other

RTC _____ day(s) week(s) month(s) year

RTC _____ day(s) week(s) month(s) year

Refer back to Eye Surgeons of Indiana for evaluation

Refer back to Eye Surgeons of Indiana for evaluation

Haze Enhancement Other

Haze Enhancement Other

Please Call Patient Appt Made ____/____/____

Please Call Patient Appt Made ____/____/____

Doctor Signature: _____

Date: _____