

PREOPERATIVE SURGICAL FORM

Patient Name _____ Age _____ Date _____

Chief Complaint _____ Referred by: _____

Contact Lens History _____ RGP _____ SCL (_____ daily, _____ extended, _____ toric) _____ Years Worn _____ Last Worn Complications _____

Sc VA: OD _____ OS _____

Spec Rx _____ OD _____ OS VA: OD _____ OS _____
Date _____ Add _____ Vertex Distance _____

Dry Refraction _____ OD _____ OS VA: OD _____ OS _____

1% Cyclo Refraction _____ OD _____ OS VA: OD _____ OS _____
Time _____ x 40 minutes

Wavescan Refraction _____ OD _____ OS **White to White (ICL)**
Pupil Size OD _____ OS _____ OD _____ OS _____

Keratometry _____ OD _____ OS

Pupils _____ PERRLA-MG Dominant Eye _____ Alignment _____ Confrontations _____ IOP _____ / _____

Corneal Topography: Normal Abnormal Pachymetry: OD _____ OS _____
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A-Scan (ICL & RLE only)
Axial Length OD _____ mm OS _____ mm ACD OD _____ mm OS _____ mm

Monovision Discussed _____ Patient Declines Y / N

Biomicroscopy		Fundus	
OD	OS	OD	OS
			
_____ conj _____ cornea _____ AC _____ lens		_____ C/D _____ posterior seg _____ periphery	

Assessment:

Plan:

_____ LASIK OD / OS (CV / Trad) _____ Same day bilateral
 _____ PRK OD / OS (CV / Trad) _____ Same day bilateral
 _____ ICL OD / OS
 _____ LRI OD / OS
 _____ RLE OD / OS
 _____ Monovision OD _____ OS _____

Signature: _____