



PLEASE FAX PRE-OP FORM TO:

920 499-9636

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Pre-operative exam for LASIK/PRK procedures

Comanaging doctor: \_\_\_\_\_ Exam date: \_\_\_\_\_

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Procedure: LASIK PRK other

Medical history \_\_\_\_\_

Ocular history \_\_\_\_\_

Family history of ocular disease: Yes / No If yes, please explain \_\_\_\_\_

Current medications \_\_\_\_\_ Allergies \_\_\_\_\_

Occupational needs/hobbies \_\_\_\_\_

Present correction: Glasses: bifocal / trifocal / single vision CLs: SCL / RGP / HCL Date D/C'd CLs \_\_\_\_\_

DVAsc: OD \_\_\_\_\_ OS \_\_\_\_\_ NVAsc: OD \_\_\_\_\_ OS \_\_\_\_\_

Wearing: OD: Sphere \_\_\_\_\_ Cylinder \_\_\_\_\_ Axis \_\_\_\_\_ Add \_\_\_\_\_ 20/ \_\_\_\_\_ Near VAcc: J \_\_\_\_\_

OS: Sphere \_\_\_\_\_ Cylinder \_\_\_\_\_ Axis \_\_\_\_\_ Add \_\_\_\_\_ 20/ \_\_\_\_\_ Near VAcc: J \_\_\_\_\_

MR: OD: Sphere \_\_\_\_\_ Cylinder \_\_\_\_\_ Axis \_\_\_\_\_ 20/ \_\_\_\_\_ Add \_\_\_\_\_

OS: Sphere \_\_\_\_\_ Cylinder \_\_\_\_\_ Axis \_\_\_\_\_ 20/ \_\_\_\_\_ Add \_\_\_\_\_

CR: OD: Sphere \_\_\_\_\_ Cylinder \_\_\_\_\_ Axis \_\_\_\_\_ 20/ \_\_\_\_\_

OS: Sphere \_\_\_\_\_ Cylinder \_\_\_\_\_ Axis \_\_\_\_\_ 20/ \_\_\_\_\_

Ks OD \_\_\_\_\_ @ \_\_\_\_\_ Flat axis/ \_\_\_\_\_ @ \_\_\_\_\_ Steep axis Average PACHS OD \_\_\_\_\_  $\mu$

Ks OS \_\_\_\_\_ @ \_\_\_\_\_ Flat axis/ \_\_\_\_\_ @ \_\_\_\_\_ Steep axis OS \_\_\_\_\_  $\mu$

Dominant eye: OD OS Monovision: Yes No Planned MV target in diopters: \_\_\_\_\_

Topography done: Yes No (if yes, please send copy) IOP: OD \_\_\_\_\_ OS \_\_\_\_\_

Slit Lamp Exam: Normal / Abnormal If abnormal, please explain \_\_\_\_\_

Patient informed and understands the need for readers after the age of 40 years of age

Patient informed of risks / benefits / complications / and alternatives to their surgery

Additional notes: \_\_\_\_\_

I have collected my comanagement fee: Yes No Amount collected: \$ \_\_\_\_\_

Signature \_\_\_\_\_