

Postoperative Surgery Examination Dougherty Laser Vision

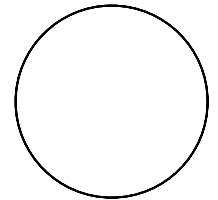
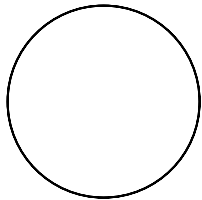
Patient Name: _____ Date: _____
 Co-managing O.D.: _____ Age: _____ Tech: _____

Right Eye Procedure: _____	Surgery Date: _____
Follow-up: 24h 48h 72h 1wk 2wk 1mo 3mo 6mo 12mo 24mo other _____	
Left Eye Procedure: _____	Surgery Date: _____
Follow-up: 24h 48h 72h 1wk 2wk 1mo 3mo 6mo 12mo 24mo other _____	

History: _____

Medication/Drops: _____

OD (Goal _____)		OS (Goal _____)
20/ _____ J _____	VASC	20/ _____ J _____
_____ 20/ _____ J _____	W Rx/TF/BAT (circle) _____	_____ 20/ _____ J _____
_____ 20/ _____ MR _____	(OD/ Tech.) _____	_____ 20/ _____
Dilation time: _____ OU/OD/OS		
_____ 20/ _____ CR (gtt: _____)		_____ 20/ _____
_____ 20/ _____ Re√MR _____	date _____ (OD/Tech)	_____ 20/ _____
_____ mm/Hg	IOP	_____ mm/Hg
SLE		
_____ Lids _____		
_____ Corneal Status _____		
_____ AC _____		
_____ Iris _____		
_____ Lens _____		
_____ Fundus _____		
_____ Pachymetry _____		



Impression: _____

Plan: _____

Return to: _____ In: _____

Signature: _____

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