

# LASIK/PRK/SMILE Preoperative Measurements

Patient Name: \_\_\_\_\_  M  F Date: \_\_\_\_\_  
 Co-managing O.D.: \_\_\_\_\_  N/A D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
 Motivation:  Contact Intolerance  Cosmetic  Lifestyle  Occupation  Other \_\_\_\_\_  
 C/L Wearer:  Yes  No Type: \_\_\_\_\_ Date Last Worn: \_\_\_\_\_ Mono C/L:  Yes  No  
 Past Ocular History: \_\_\_\_\_ Eye Medication: \_\_\_\_\_  
 Medical History: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Hobbies: \_\_\_\_\_  
 Allergies:  NKDA \_\_\_\_\_

System Review:  Diabetes  Rheumatoid Arthritis  Retinal Tear  Recurring Red Eye  Pregnant  Nursing  
 Dry Eye  Eye rubbing  Ocular Herpes Ocular Dominance:  O.D.  O.S.

**OD**

**OS**

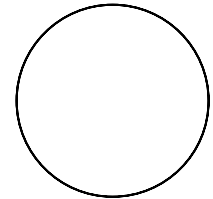
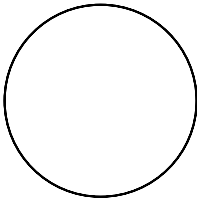
\_\_\_\_\_ 20/\_\_\_\_ J \_\_\_\_ W Rx \_\_\_\_\_ 20/\_\_\_\_ J \_\_\_\_ Add \_\_\_\_  
 20/\_\_\_\_ J \_\_\_\_ VASC 20/\_\_\_\_ J \_\_\_\_ OU 20/\_\_\_\_ J \_\_\_\_  
 \_\_\_\_\_ Scotopic Pupils (Colvard) \_\_\_\_\_  
 \_\_\_\_\_ 20/\_\_\_\_ MR (\_\_\_\_ OD/ Tech.) \_\_\_\_\_ 20/\_\_\_\_  
 \_\_\_\_\_ Monovision Trial \_\_\_\_\_  likes  dislikes  
 \_\_\_\_\_ 20/\_\_\_\_ BAT (Med.) \_\_\_\_\_ 20/\_\_\_\_  
 (Dilation time: \_\_\_\_\_ am/pm)  
 \_\_\_\_\_ 20/\_\_\_\_ CR (gtt: \_\_\_\_ ) \_\_\_\_\_ 20/\_\_\_\_  
 \_\_\_\_\_ 20/\_\_\_\_ Re√ MR \_\_\_\_\_ 20/\_\_\_\_

Re√ MR Date: \_\_\_\_\_ O.D./Tech: \_\_\_\_\_

**SLE**

\_\_\_\_\_ Lids \_\_\_\_\_  
 \_\_\_\_\_ Corneal Status \_\_\_\_\_  
 \_\_\_\_\_ Lens \_\_\_\_\_   
 \_\_\_\_\_ Fundus \_\_\_\_\_  
 \_\_\_\_\_ mm/Hg IOP \_\_\_\_\_ mm/Hg  
 \_\_\_\_\_ Manual Pachy. \_\_\_\_\_  
 \_\_\_\_\_ Goal \_\_\_\_\_

Schirmer's:



LASER:  
 Visx Nidek Wave Smile  
 KERATOME:  
 Ziemer MK Visumax  
 HINGE: nasal  
 FLAP DEPTH:  
 100 110 130 160 \_\_\_\_  
 FLAP DIAMETER:  
 8.5 8.8 9.0 9.5  
 O.Z.: \_\_\_\_\_

Physician Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TBUT:  
 OD \_\_\_\_\_  
 OS \_\_\_\_\_

\_\_\_\_\_ Procedure \_\_\_\_\_  
 \_\_\_\_\_ True Rx \_\_\_\_\_  
 \_\_\_\_\_ Treatment Rx \_\_\_\_\_  
 \_\_\_\_\_ Laser Input \_\_\_\_\_

Informed Consent: Discussed Potential risks and side effects including: \_\_\_\_\_

Signature: \_\_\_\_\_ updated 04/2017