

Patient Name \_\_\_\_\_  
 Co-Managing Doctor: \_\_\_\_\_  
 Doctor's Phone: \_\_\_\_\_ Doctor's Fax: \_\_\_\_\_

Patient's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
 Contact:  Doctor  Assistant: \_\_\_\_\_  
 Doctor's Email: \_\_\_\_\_

RIGHT EYE	Procedure Information	LEFT EYE
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Procedure Date: \_\_\_\_\_ Aim:  Distance Plano  Monovision  
 Primary PRK Original RX: \_\_\_\_\_ 20/ \_\_\_\_\_  
 Repeat PRK Enhancement RX: \_\_\_\_\_

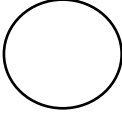
Procedure Date: \_\_\_\_\_ Aim:  Distance Plano  Monovision  
 Primary PRK Original RX: \_\_\_\_\_ 20/ \_\_\_\_\_  
 Repeat PRK Enhancement RX: \_\_\_\_\_

RIGHT EYE	Post Operative Exam and Comments	LEFT EYE
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Exam Date: \_\_\_\_\_ Day: 1 2 3 4 5 6 7 Month: 1 2 3 or: \_\_\_\_\_  
 Patient Remarks: \_\_\_\_\_  
 MEDS: \_\_\_\_\_ QID TID QD Q2D Nil  
 MEDS: \_\_\_\_\_ QID TID QD Q2D Nil  
 UCVA: 20/ \_\_\_\_\_ Blurry / Glare / Double / Fluctuating Vision  
 Auto Refraction: \_\_\_\_\_  
 Manifest (Wet / Dry): \_\_\_\_\_ 20/ \_\_\_\_\_

Exam Date: \_\_\_\_\_ Day: 1 2 3 4 5 6 7 Month: 1 2 3 or: \_\_\_\_\_  
 Patient Remarks: \_\_\_\_\_  
 MEDS: \_\_\_\_\_ QID TID QD Q2D Nil  
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 UCVA: 20/ \_\_\_\_\_ Blurry / Glare / Double / Fluctuating Vision  
 Auto Refraction: \_\_\_\_\_  
 Manifest (Wet / Dry): \_\_\_\_\_ 20/ \_\_\_\_\_

*CORNEAL CLARITY* *HAZE GRADE* *HAZE PATTERN*

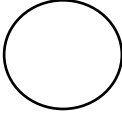


Clear  
 Trace Reticular  
 Mild Reticular  
 Moderate Confluent  
 Severe Confluent

Diffuse  
 Focal  
 Arcuate

IOP: \_\_\_\_\_ @ \_\_\_\_\_

*CORNEAL CLARITY* *HAZE GRADE* *HAZE PATTERN*



Clear  
 Trace Reticular  
 Mild Reticular  
 Moderate Confluent  
 Severe Confluent

Diffuse  
 Focal  
 Arcuate

IOP: \_\_\_\_\_ @ \_\_\_\_\_

Doctor's Impression:  Excellent  Stable  Enhancement  Other: \_\_\_\_\_  
 Treatment: \_\_\_\_\_

Doctor's Impression:  Excellent  Stable  Enhancement  Other: \_\_\_\_\_  
 Treatment: \_\_\_\_\_

Follow Up: \_\_\_\_\_ Days / Weeks / Months  With Co-Managing Doctor  
 Follow Up with IVG-LASIK  Patient will Contact IVG-LASIK  IVG to contact Patient  
 Comments: \_\_\_\_\_

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 Follow Up with IVG-LASIK  Patient will Contact IVG-LASIK  IVG to contact Patient  
 Comments: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_