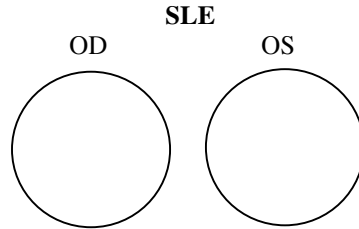


**LASIK PO EVALUTAION**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Pt. #: \_\_\_\_\_ Date: \_\_\_\_\_

S/P LASIK Epi-LASIK PRK PTK OD OS OU Meds: Vigamox Nevanac PF Comfort drops AT  
Day \_\_\_\_\_  primary  enhancement

CC:



SC: OD 20/ \_\_\_\_\_ MR: OD \_\_\_\_\_ 20/ \_\_\_\_\_  
SC: OS 20/ \_\_\_\_\_ MR: OS \_\_\_\_\_ 20/ \_\_\_\_\_  
OU: 20 \_\_\_\_\_

IOP OD \_\_\_\_\_ OS \_\_\_\_\_ TP @ \_\_\_\_\_

**ASSESSMENT:**

**PLAN:**

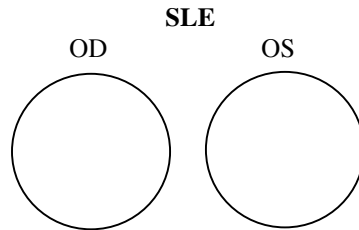
Flap: Intact  
Cornea: Clear Haze Stria Edema  
BCL: In place Fit OK Tight Loose  
Healed \_\_\_\_\_% Pain /10

RTC: \_\_\_\_\_ Dr. \_\_\_\_\_

Date \_\_\_\_\_

S/P LASIK Epi-LASIK PRK PTK OD OS OU Meds: Vigamox Nevanac PF Comfort drops AT  
Day \_\_\_\_\_  primary  enhancement

CC:



SC: OD 20/ \_\_\_\_\_ MR: OD \_\_\_\_\_ 20/ \_\_\_\_\_  
SC: OS 20/ \_\_\_\_\_ MR: OS \_\_\_\_\_ 20/ \_\_\_\_\_  
OU: 20 \_\_\_\_\_

IOP OD \_\_\_\_\_ OS \_\_\_\_\_ TP @ \_\_\_\_\_

**ASSESSMENT:**

**PLAN:**

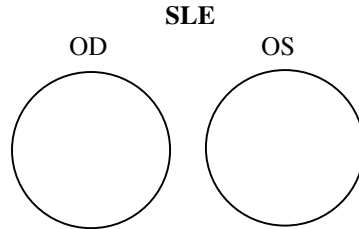
Flap: Intact  
Cornea: Clear Haze Stria Edema  
BCL: In place Fit OK Tight Loose  
Healed \_\_\_\_\_% Pain /10

RTC: \_\_\_\_\_ Dr. \_\_\_\_\_

Date \_\_\_\_\_

S/P LASIK Epi-LASIK PRK PTK OD OS OU Meds: Vigamox Nevanac PF Comfort drops AT  
Day \_\_\_\_\_  primary  enhancement

CC:



SC: OD 20/ \_\_\_\_\_ MR: OD \_\_\_\_\_ 20/ \_\_\_\_\_  
SC: OS 20/ \_\_\_\_\_ MR: OS \_\_\_\_\_ 20/ \_\_\_\_\_  
OU: 20 \_\_\_\_\_

IOP OD \_\_\_\_\_ OS \_\_\_\_\_ TP @ \_\_\_\_\_

**ASSESSMENT:**

**PLAN:**

Flap: Intact  
Cornea: Clear Haze Stria Edema  
BCL: In place Fit OK Tight Loose  
Healed \_\_\_\_\_% Pain /10

RTC: \_\_\_\_\_ Dr. \_\_\_\_\_