



Patient Name:
Patient DOB:
Co-managing:

Procedure: Primary Enhancement
Target: OD OS

OD

OS

Surgery Date: Month Day Year
Exam Date: Month Day Year
Post-op Visit: 1 day 1 week 1 month 6 month

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HISTORY

Doing Well Other

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OCULAR MEDICATIONS

PMN TID Loteprednol TID/BID/QD ATs None

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VISION

UCVA: 20/
MR: 20/

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SLIT LAMPEVALUATION

BCL: none in place
Epi Defect: none mm
Clarity: clear irregular epi haze
Other:
IOP (at 1 month visit): mmHg

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Epi Defect: none mm
Clarity: clear irregular epi haze
Other:
IOP (at 1 month visit): mmHg

IMPRESSION

Excellent Other

Excellent Other

PLAN

Continue Present Management Other
RTC day(s) week(s) month(s) year
Refer back to Eye Surgeons of Indiana for evaluation
Haze Enhancement Other
Please Call Patient Appt Made / /

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Doctor Signature:

Date: