BLACK HILLS REGIONAL EYE INSTITUTE

Laser Vision Post-Op Evaluation

Surgery Date: _____

☐ **LASIK** ☐ **PRK**

Surgeon: **Steve Khachikian, MD** ☐
Michael daSilva, MD ☐

Patient's Name_____ **DOB:** _____

Post-Op Doctor _____ **Exam Date:** _____

LAST UCVA: **OD**: 20/____ J____ **OS:** 20/____ J____ **OU:** 20/____ J____

EXAM: ☐ 1 Day ☐ 1 Week ☐ 1 Month ☐ 3 Month ☐ 6 Month ☐ 12 Month ☐ Other_____

Meds:

OD ☐ Gatifloxacin ☐ Pred Acetate ☐ Flurbiprofen ☐ Artificial tears or ☐ Imprimis

OS ☐ Gatifloxacin ☐ Pred Acetate ☐ Flurbiprofen ☐ Artificial tears or ☐ Imprimis

OD UCVA: 20/_____ J____
(blurry / glare / double / fluctuates)

Symptoms: _____
Patient comments: ☐Happy ☐Wants enhancement

OS **UCVA: 20/_____ J____**
(blurry / glare / double / fluctuates)

Symptoms: _____
Patient comments: ☐Happy ☐Wants enhancement

UCVA: 20/_____ J____ OU

Refraction:
_____SPH _____CYL _____Axis 20/_____

Refraction:
_____SPH _____CYL _____Axis 20/_____

CORNEA-OD

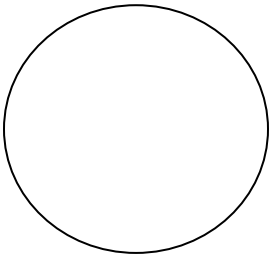
Epi: ☐Excellent ☐SPK ☐Other:_____
BCL: ☐Replaced ☐Removed ☐NA
Clarity: ☐Clear ☐Edema ☐Haze
Haze: ☐Mild ☐Mod ☐Severe
☐Visually Significant

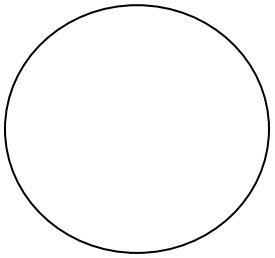
CORNEA-OS

Epi: ☐Excellent ☐SPK ☐Other:_____
BCL: ☐Replaced ☐Removed ☐NA
Clarity: ☐Clear ☐Edema ☐Haze
Haze: ☐Mild ☐Mod ☐Severe
☐Visually Significant

IOP (after 1 week / applanation): _____mm
Topo: Central flattening Decentered > 1mm Central Island
Doctor Comments: ☐Excellent ☐Stable ☐Enhancement
Enhancement: Myopia / Hyperopia / Cylinder

IOP (after 1 week / applanation): _____mm
Topo: Central flattening Decentered > 1mm Central Island
Doctor Comments: ☐Excellent ☐Stable ☐Enhancement
Enhancement: Myopia / Hyperopia / Cylinder





Diagnosis/Plan:

Doctor Signature_____

Next Visit: ☐1 Day ☐1 Week ☐1 Month ☐3 Month ☐6 Month ☐12 Month ☐Other_____

Please fax to Black Hills Regional Eye Institute Laser Vision Center 605-719-3330