

Please fax to: Laser Vision Center  
605-719-3330

# Laser Vision Post-Op Evaluation

Surgery Date: \_\_\_\_\_

LASIK     PRK

Surgeon:    **Steve Khachikian, 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\_\_\_\_

OS UCVA: 20/\_\_\_\_ J\_\_\_\_

(blurry / glare / double / fluctuates)

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Symptoms: \_\_\_\_\_

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Patient comments:     Happy     Wants enhancement

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UCVA: 20/\_\_\_\_ J\_\_\_\_ OU

Refraction:  
\_\_\_\_ SPH    \_\_\_\_ CYL    \_\_\_\_ Axis    20/\_\_\_\_

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\_\_\_\_ 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**

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Visually Significant

IOP (after 1 week / applanation): \_\_\_\_\_ mm

Topo: Central flattening Decentered > 1mm Central Island

Doctor Comments:     Excellent     Stable     Enhancement

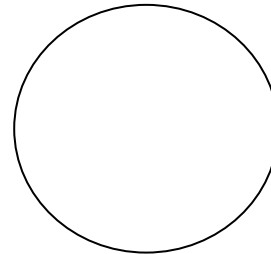
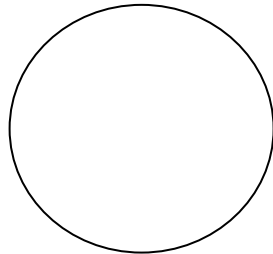
Enhancement: Myopia / Hyperopia / Cylinder

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 \_\_\_\_\_