



INSIGHT VISION GROUP

PRK/ASA Post-Op Evaluation

Referring Doctor: _____

Please FAX completed form to:

Parker: 720.880.6460

Boulder: 303.593.2199

| | | |
|--------------------|-----|---------------|
| Name (First/Last): | Age | Surgery Date: |
|--------------------|-----|---------------|

Exam Data

| | | | | | | | | | | | | | | |
|--|-------------------|-------------------|--------|-----------|-------------------|-----|-------|--------------|-----------|------|--|--|--|--|
| 1 Day 3 Day 10 Day 1 Mo 3 Mo 6 Mo Other: _____ | OD | | | | | | | OS | | | | | | |
| | Goal: | | | | | | | Goal: | | | | | | |
| | History | Happy | Unsure | Not Happy | | | Happy | Unsure | Not Happy | | | | | |
| | Meds | AT's ____ x a day | | | AT's ____ x a day | | | | | | | | | |
| | Acuity | UCVA 20/ | | | UCVA 20/ | | | UCVA OU 20/ | | | | | | |
| | Refraction | 20/ | | | 20/ | | | | | | | | | |
| | Refraction | 20/ | | | 20/ | | | | | | | | | |
| | Cornea | | | | | | | | | | | | | |
| | Assessment | Good | Unsure | Enhance | | | Good | Unsure | Enhance | | | | | |
| Plan | RTC | | | InS | CoMg | RTC | | | InS | CoMg | | | | |

| | | |
|---------------------|--------|--------------------|
| Doctor's Signature: | Notes: | IOP @ _____ |
| Today's Date _____ | | OD _____ |
| | | OS _____ |

Exam Data

| | | | | | | | | | | | | | |
|--|-------------------|-------------------|--------|-----------|-------------------|------|-------|-------------|-----------|-----|------|--|--|
| 1 Day 3 Day 10 Day 1 Mo 3 Mo 6 Mo Other: _____ | | OD | | | | | | OS | | | | | |
| | History | Happy | Unsure | Not Happy | | | Happy | Unsure | Not Happy | | | | |
| | Meds | AT's ____ x a day | | | AT's ____ x a day | | | | | | | | |
| | Acuity | UCVA 20/ | | | UCVA 20/ | | | UCVA OU 20/ | | | | | |
| | Refraction | 20/ | | | 20/ | | | | | | | | |
| | Refraction | 20/ | | | 20/ | | | | | | | | |
| | Cornea | | | | | | | | | | | | |
| | Assessment | Good | Unsure | Enhance | | | Good | Unsure | Enhance | | | | |
| | Plan | RTC | | | InS | CoMg | RTC | | | InS | CoMg | | |

| | | |
|---------------------|--------|--------------------|
| Doctor's Signature: | Notes: | IOP @ _____ |
| Today's Date _____ | | OD _____ |
| | | OS _____ |