



TURNER EYE INSTITUTE

(800) 339-2733 • San Leandro • Concord
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Post-Operative Assessment Form

Date: \_\_\_/\_\_\_/20\_\_\_

Patient's Name \_\_\_\_\_ Chart # \_\_\_\_\_ Surgeon \_\_\_\_\_

Surgery Date \_\_\_/\_\_\_/20\_\_\_ Co-managing Doctor \_\_\_\_\_

Follow-up Date \_\_\_/\_\_\_/20\_\_\_ Had Surgery at (city) \_\_\_\_\_ Laser Center \_\_\_\_\_

Procedure done:

[ ] LASIK [ ] PRK [ ] Epi-LASEK [ ] W/ Intralase [ ] W/ Wavefront [ ] Intacs [ ] Phakic IOL [ ] Crystalens

OD [ ] 1 day [ ] 1 Week [ ] 1 Month [ ] 3 Months [ ] 6 Months

OS [ ] 1 day [ ] 1 Week [ ] 1 Month [ ] 3 Months [ ] 6 Months

Other OD \_\_\_\_\_ OS \_\_\_\_\_

Subjective Findings: \_\_\_\_\_

Assessment: OD Bilat. Dist. UVA 20/\_\_\_ Bilat. Near UVA J\_\_\_ OS

VA sc 20/\_\_\_ J\_\_\_ VA 20/\_\_\_ J\_\_\_ VA

Refraction \_\_\_\_\_ 20/\_\_\_ \_\_\_\_\_ 20/\_\_\_

Keratometry \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

Cornea [ ] Clear Other \_\_\_\_\_ [ ] Clear Other \_\_\_\_\_

Intraocular Pressure(circle: NCT / Goldman / Tonopen ) OD \_\_\_\_\_ mm/hg OS \_\_\_\_\_ mm/hg

Meds: \_\_\_\_\_

Comments: \_\_\_\_\_

Next planned visit \_\_\_\_\_

Doctors Signature

Please fax to (510) 357-6330