NORTHWEST EYE SURGEONS

Co-Managing Refractive Surgery Post-op Exam Form

NAME	**DATE**
SURGERY DATE	**SURGERY TYPE** O **SMILE** O **LASIK** O **PRK** O **ENCHANCEMNT**

POST-OP EXAM O 1 day O 3-4 day O 1 month O 3 month O 6 month O 1 year O supplementary_____

MEDICATIONS O Polytrim/Ofloxacin_____ O Lotprednol/Pred Forte/Durezol_____ O Restasis/Xiidra_____ O Refresh Plus_____
O Prolensa_____ O Lotemax_____

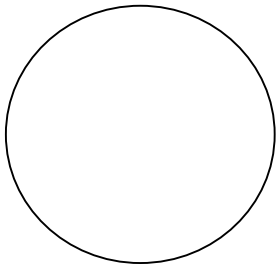
HISTORY ( ) Good Vision_____ ( ) Blurred Vision_____ ( ) Fluctuating Vision_____ ( ) Dry Eyes_____

( ) Discomfort_____ ( ) Glare/Haloes_____ ( ) Other_____

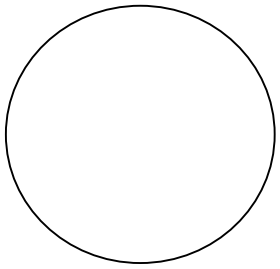
_____

OD 20/_____	**OS 20/_____** **OU 20/_____**
manifest _____ _____ _____ **20/_____**	**manifest** _____ _____ _____ **20/_____**
cyclo _____ _____ _____ **20/_____**	**cyclo** _____ _____ _____ **20/_____**

IOT _____



IOT _____



OD		**OS**	
SPK	O none O grade ½ O grade I O grade II O grade III O grade IV	**SPK**	O none O grade ½ O grade I O grade II O grade III O grade IV
MICROFOLDS	O none O grade ½ O grade I O grade II O grade III O grade IV	**MICROFOLDS**	O none O grade ½ O grade I O grade II O grade III O grade IV
Bowman's Cracks	O none O grade ½ O grade I O grade II O grade III O grade IV	**Bowman's Cracks**	O none O grade ½ O grade I O grade II O grade III O grade IV
EDEMA	O none O grade ½ O grade I O grade II O grade III O grade IV	**EDEMA**	O none O grade ½ O grade I O grade II O grade III O grade IV
DLK	O none O grade ½ O grade I O grade II O grade III O grade IV	**DLK**	O none O grade ½ O grade I O grade II O grade III O grade IV
Epi. Ingrowth	O none O grade ½ O grade I O grade II O grade III O grade IV	**Epi. Ingrowth**	O none O grade ½ O grade I O grade II O grade III O grade IV
INFECTION	O none O grade ½ O grade I O grade II O grade III O grade IV	**INFECTION**	O none O grade ½ O grade I O grade II O grade III O grade IV
HAZE	O none O grade ½ O grade I O grade II O grade III O grade IV	**HAZE**	O none O grade ½ O grade I O grade II O grade III O grade IV
DEBRIS	O none O blood O meibomian O metallic O inorganic O other	**DEBRIS**	O none O blood O meibomian O metallic O inorganic O other

ASSESSMENT/PLAN

DR_____**MD / OD** **OFFICE PHONE #**_____

Please fax to Northwest Eye Surgeons at (206) 528-0014