



Postoperative Surgery Examination Dougherty Laser Vision

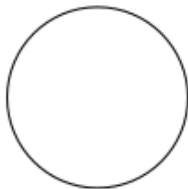
Patient Name: _____ Date: _____
Co-managing O.D.: _____ Age: _____ Tech: _____

Right Eye Procedure: _____	Surgery Date: _____
Follow-up: 24h 48h 72h 1wk 2wk 1mo 3mo 6mo 12mo 24mo other _____	
Left Eye Procedure: _____	Surgery Date: _____
Follow-up: 24h 48h 72h 1wk 2wk 1mo 3mo 6mo 12mo 24mo other _____	

History: _____

Medication/Drops: _____

OD (Goal _____)	OS (Goal _____)
20/ _____ J _____ VASC 20/ _____ J _____	OU 20/ _____
_____ 20/ _____ J _____ W Rx/TF/BAT (circle) _____	_____ 20/ _____ J _____
_____ 20/ _____ MR _____ (OD/Tech)	_____ 20/ _____
Dilation time: _____ OU/OD/OS	
_____ 20/ _____ CR (gtt: _____)	_____ 20/ _____
_____ 20/ _____ Re√MR _____ date _____ (OD/Tech)	_____ 20/ _____



_____ mm/Hg IOP _____ mm/Hg

SLE

Lids _____

Corneal Status _____

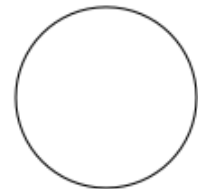
AC _____

Iris _____

Lens _____

Fundus _____

Pachymetry _____



Impression: _____

Plan: _____

Return to: _____ In: _____

Signature: _____