



# Black Hills Regional Eye Institute Laser Vision Correction Evaluation

Name \_\_\_\_\_

Date of SCREENING: \_\_\_\_\_

### Current Rx

O.D. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis \_\_\_\_\_  
O.S. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis \_\_\_\_\_

VAsc O.D. 20/ \_\_\_\_\_ Near O.D. 20/ \_\_\_\_\_  
O.S. 20/ \_\_\_\_\_ O.S. 20/ \_\_\_\_\_

VAcc O.D. 20/ \_\_\_\_\_ Near O.D. 20/ \_\_\_\_\_  
O.S. 20/ \_\_\_\_\_ O.S. 20/ \_\_\_\_\_

### Keratometry

O.D.K1 \_\_\_\_\_ K2 \_\_\_\_\_ K2Axis \_\_\_\_\_

O.S.K1 \_\_\_\_\_ K2 \_\_\_\_\_ K2Axis \_\_\_\_\_

### Manifest Refraction

O.D. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis 20/ \_\_\_\_\_  
O.S. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis 20/ \_\_\_\_\_

Add Power \_\_\_\_\_

### Pupils (mm)

O.D. light \_\_\_\_\_ O.D. dark \_\_\_\_\_  
O.S. light \_\_\_\_\_ O.S. dark \_\_\_\_\_

### Pachymetry

O.D. \_\_\_\_\_ O.S. \_\_\_\_\_

- Reviewed Level of Correction
- Reviewed Pupil Size
- Reviewed Corneal Shape & Thickness

### Diagnosis/Plan

BHREI to call \_\_\_\_\_  
 CK  CRYSTALENS  CUSTOM LASIK  LASIK  
 IOL: PHAKIC / ACCOMMODATING

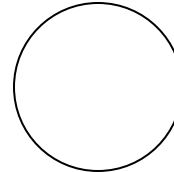
Signature \_\_\_\_\_

Dominant Eye \_\_\_\_\_

Date of PRE-OP: \_\_\_\_\_

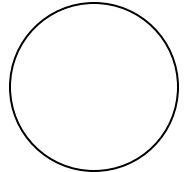
### WNL O.D.

- lids/lashes
- conj
- cornea
- iris
- a/c
- lens



### WNL O.S.

- lids/lashes
- conj
- cornea
- iris
- a/c
- lens



### IOP

O.D. \_\_\_\_\_ mmHg O.S. \_\_\_\_\_ mmHg

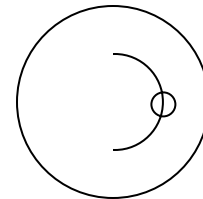
Cyclo 1% @ \_\_\_\_\_

### Cycloplegic Refraction

O.D. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis 20/ \_\_\_\_\_  
O.S. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis 20/ \_\_\_\_\_

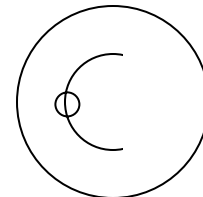
### Fundus WNL O.D.

- macula
  - periph
- \_\_\_\_\_ c:d



### Fundus WNL O.S.

- macula
  - periph
- \_\_\_\_\_ c:d



### Diagnosis/Plan

- Reviewed Informed Consent DVD \_\_\_\_\_
- Reviewed Instructions \_\_\_\_\_
- Discussed expectations, risk/benefit, enhancement \_\_\_\_\_

Signature \_\_\_\_\_