



# Eye Institute Laser Vision Center PRK Post-op Evaluation

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Post-Op Doctor \_\_\_\_\_ Surgery Date \_\_\_\_\_

Surgeon Steve Khachikian, MD Terry Spencer, MD Paul Zimmerman, MD

LAST UCVA: OD: 20/\_\_\_\_ J\_\_\_\_ OS: 20/\_\_\_\_ J\_\_\_\_ OU: 20/\_\_\_\_ J\_\_\_\_

EXAM: 1 Day 1 Week 1 Month 3 Month 6 Month 12 Month Other \_\_\_\_\_

### RIGHT EYE

Meds: Zymar \_\_\_\_\_ P.Forte \_\_\_\_\_ A. Tears \_\_\_\_\_  
Other: \_\_\_\_\_

### LEFT EYE

Meds: Zymar \_\_\_\_\_ P. Forte \_\_\_\_\_ A. Tears \_\_\_\_\_  
Other: \_\_\_\_\_

UCVA: 20/\_\_\_\_ J\_\_\_\_ (blurry / glare / double / fluctuates)

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Symptoms: \_\_\_\_\_

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Patient comments: Happy Wants enhancement

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Refraction: \_\_\_\_\_SPH \_\_\_\_\_CYL \_\_\_\_\_Axis 20/\_\_\_\_

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UCVA: 20/\_\_\_\_ J\_\_\_\_ OU

### CORNEA-OD

Epi: Excellent SPK Other: \_\_\_\_\_  
BCL: Replaced Removed NA  
Clarity: Clear Edema Haze  
If Haze: Mild Mod Severe  
Visually Significant

### CORNEA-OS

Epi: Excellent SPK Other: \_\_\_\_\_  
BCL: Replaced Removed NA  
Clarity: Clear Edema Haze  
If Haze: Mild Mod Severe  
Visually Significant

IOP (after 1 week / applanation): \_\_\_\_\_mm

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Topography: Central flattening Decentered > 1mm Central Island

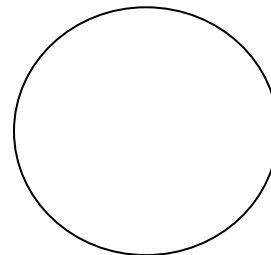
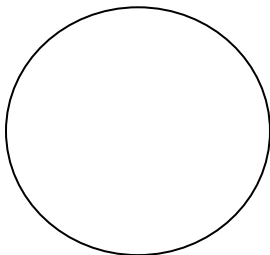
Topography: Central flattening Decentered > 1mm Central Island

Doctor Comments: Excellent Stable Enhancement

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Enhancement: Myopia / Hyperopia / Cylinder

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### Diagnosis/Plan:

Next Visit: 1 Day 1 Week 1 Month  
3 Month 6 Month 12 Month Other \_\_\_\_\_

\_\_\_\_\_  
Doctor Signature

Please fax to Black Hills Regional Eye Institute Laser Vision Center 605-719-3330