JOPLIN EYE LASER CENTER

Post-Procedure Care - LASIK

Patient Name: _____ Co-managing Doctor: _____

OD

Procedure Date: _____

Procedure: O LSK O cLSK O ENH O cENH

Original Rx: _____

Aim: Plano Mono

EXAM

Date: _____

Circle: Day 1 Week: 1 2 3 Month: 1 2 3 6 9 12

PT Remarks: _____

MEDS: (circle) Q 1 hr QID TID BID QD Nil

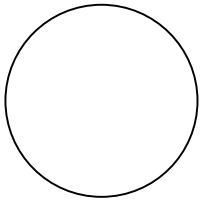
(circle) Q 1 hr QID TID BID QD Nil

Ucva: 20/ (Blurry / Glare / Double / Fluctuates)

Auto Refraction: _____

Refraction:

(Wet / Dry) _____ 20/



LASIK Corneal Flap: (circle)

Position:	centered	dislodged	striae
Clarity:	clear	edema	haze
Interface:	clear	opacities	epi. ingrowth
Edges:	smooth	rolled	rough

IOP (after 1 wk / applanation): _____ mmHg

Doctor Comments: O Excellent O Stable O Enhancement

Follow-up: O with co managing doctor O with JELC

Next Visit in: 1 2 3 4 5 6 _____ weeks / months

Plan:

Doctor Signature: Return Visit:

OS

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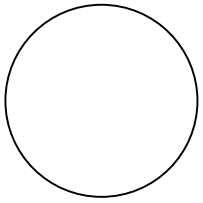

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