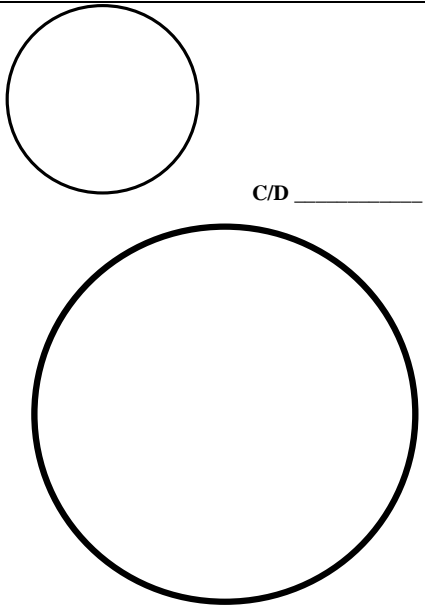


**EYE CENTER OF TEXAS FOLLOW-UP EXAMINATION**

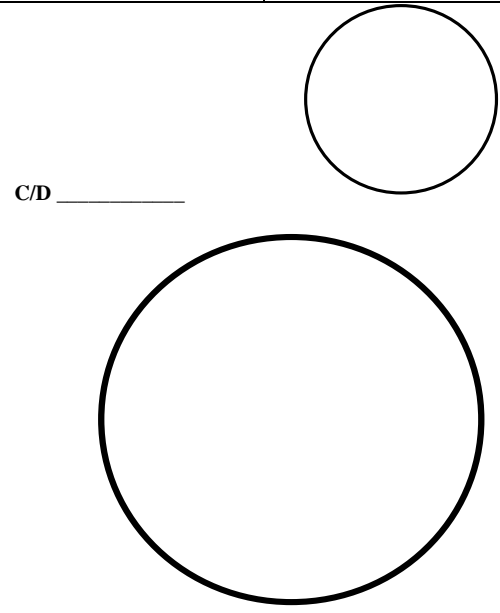
**TECH:** \_\_\_\_\_

|                 |                                       |      |                 |                      |
|-----------------|---------------------------------------|------|-----------------|----------------------|
| NAME:           | DOB:                                  | AGE: | OCULAR MEDS:    | SYSTEM. MEDS:        |
| CC:             | ALLERGIES:                            |      |                 |                      |
|                 |                                       |      |                 |                      |
|                 |                                       |      |                 |                      |
|                 |                                       |      |                 |                      |
|                 | <input type="checkbox"/> ROS/OMH FORM |      | NEURO: WNL ABNL |                      |
|                 | REVIEWED & UPDATED                    |      | PSYCH: WNL ABNL |                      |
|                 | AR: OD: _____ 20/____                 |      |                 | IOP: _____           |
| OD: cc sc 20/ J | OS: _____ 20/____                     |      |                 | OD: TONO APP         |
| OS: cc sc 20/ J | RX / OD: _____ 20/____                |      |                 | OS: TONO APP         |
| OU: cc sc 20/ J | REF OS: _____ 20/____                 |      |                 | Dilation Time: _____ |

|   |   |   |
|---|---|---|
| <input type="checkbox"/> ORDER/INTERPRET Lens OD _____<br>HVF OS _____<br><br>OD _____<br>OS _____<br><br><input type="checkbox"/> PUPILS WNL<br><input type="checkbox"/> EOMS WNL<br><input type="checkbox"/> CF WNL<br><br><input type="checkbox"/> PAM _____<br><input type="checkbox"/> BAT _____<br><br><input type="checkbox"/> ORDER GONIO _____ | <input type="checkbox"/> ORDER/INTERPRET OCT (Mac / Glauc) RESULTS<br><br>OD _____ OD _____<br>OS _____ OS _____<br><br>OTHER:<br><br><input type="checkbox"/> ORDER PACH OD _____ OS _____ | AMSLER GRID<br><br>Target: OD: _____<br>OS: _____<br><br>LHVF: _____<br><br>LGONIO: _____<br><br>LDFE: _____<br><br>LOCT: _____<br><br>LFAFP: _____ |
|---|---|---|



|       |  |                                |
|-------|--|--------------------------------|
|       | <b>OD</b>                                | <b>OS</b>                      |
| Ext.  | <input type="checkbox"/> Norm            | <input type="checkbox"/> Norm  |
| Conj. | <input type="checkbox"/> W&Q             | <input type="checkbox"/> W&Q   |
| Corn  | <input type="checkbox"/> Clear           | <input type="checkbox"/> Clear |
| A.C.  | <input type="checkbox"/> D&Q             | <input type="checkbox"/> D&Q   |
| Iris  | <input type="checkbox"/> Wnl             | <input type="checkbox"/> Wnl   |
| Lens  | <input type="checkbox"/> Clear           | <input type="checkbox"/> Clear |
|       | __+Ns__+Psc __+Cs __+Ns __+Psc __+Cs     |                                |
| Iol   | <input type="checkbox"/> Centered In Bag | <input type="checkbox"/>       |
| Pc    | Cl ____+Fibr.                            | Cl ____+Fibr.                  |
| Vit   | <input type="checkbox"/> Wnl             | <input type="checkbox"/> Wnl   |
| Disc. | <input type="checkbox"/> Wnl             | <input type="checkbox"/> Wnl   |
| Mac.  | <input type="checkbox"/> Wnl             | <input type="checkbox"/> Wnl   |
| Ves.  | <input type="checkbox"/> Wnl             | <input type="checkbox"/> Wnl   |
| Per.  | <input type="checkbox"/> Wnl             | <input type="checkbox"/> Wnl   |



**IMP:** \_\_\_\_\_

**PLAN:** \_\_\_\_\_

|                                      |                        |
|--------------------------------------|------------------------|
| ORDER: <input type="checkbox"/> FAFP | Date Of Service:       |
| RV O.D. IN FOR _____                 | Signature              |
| RV ECT IN FOR _____                  | Faxed: _____ By: _____ |

**Do not write below this line**