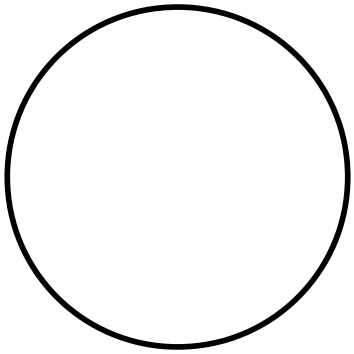
# Immediate Post Operative LASIK / PRK Exam

**Patient: _____ Date: _____**

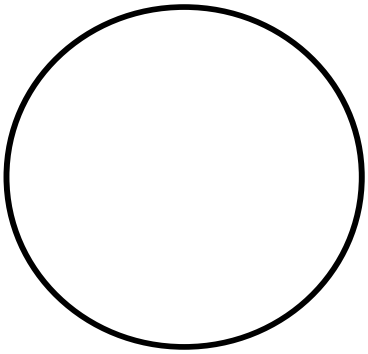
**Intralase OD OS OU**

**LASIK OD OS OU** **Microkeratome OD OS OU** **PRK OD OS OU**

- ☐ **Custom OD OS OU**
- ☐ **Conventional OD OS OU**
- ☐ **Enhancement OD OS OU**
- ☐ **Re-Float OD OS OU**



**OD**



**OS**

| | | | | |
|---|---|---|---|---|
| **Impressions:** | **Flap Aligned** | ☐ **YES** | ☐ **NO** | ☐ **NA** |
| | **Clear Cornea** | ☐ **YES** | ☐ **NO** | ☐ **NA** |
| | **Epithelial Defect** | ☐ **YES** | ☐ **NO** | ☐ **NA** |
| | **Microstria** | **0 1 2 3 4** | | |
| | **Other** _____ | | | |

**Plan:**

- ☐ **Do not rub eyes, per post op instructions, wear shields when sleeping x1 wk.**
- ☐ **PredForte**
  - ☐ **QID x 1 wk, q2h today**
  - ☐ **QID x 2 wks, then BID x 2 wks**
  - ☐ **QID x 1 mo, TID x 1 mo, BID x 1 mo, qd x 1 mo.**
- ☐ **Zymar QID x 1 wk**
- ☐ **Lubricants q2h x 1 wk, then as directed**
- ☐ **Acular PF or LS**
  - ☐ **QID x 1 wk**
  - ☐ **PRN for pain**
- ☐ **Restasis q12h**
- ☐ **Comfort drops w/proparacaine/tetracaine q1h max. prn pain.**
- ☐ **Vitamin C - 1000mg daily x 3 months.**
- ☐ **Toradol - 10 mg PO Q4-6 h #12 prn pain.**
- ☐ **_____**
- ☐ **Reviewed post-operative instructions with patients.**
- ☐ **Therapeutic contact lens dispensed OD OS OU**
  **Co-managing O.D. to remove in_____.**
- ☐ **Other_____**

☐ **RV to OD** ☐ **RV to ECT**

**POST OP DOCTOR_____Date/Time_____**