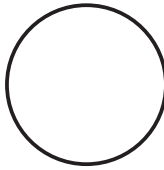
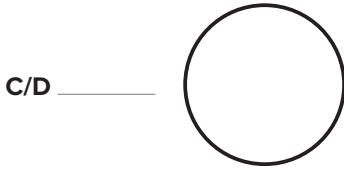
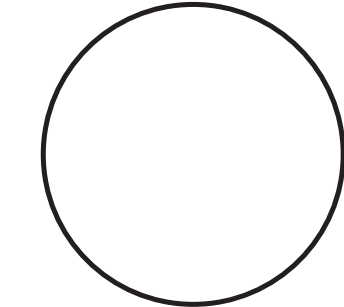
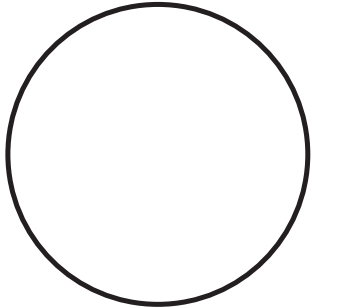


# FOLLOW-UP EXAMINATION

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

NAME	DOB	AGE	OCULAR MEDS	SYSTEM MEDS
CC:	ALLERGIES			
	<input type="checkbox"/> ROS/OMH FORM		<b>NEURO</b> WNL ABNL	
	Reviewed & Updated		<b>PSYCH</b> WNL ABNL	
<b>OD</b> cc sc 20/ _____ J	<b>AR</b> OD _____	20/ _____	<b>IOP</b>	
<b>OS</b> cc sc 20/ _____ J	OS _____	20/ _____	<b>OD</b> TONO APP	
<b>OU</b> cc sc 20/ _____ J	<b>RX</b> OD _____	20/ _____	<b>OS</b> TONO APP	
	<b>REF</b> OS _____	20/ _____	Dilation Time	
<input type="checkbox"/> <b>ORDER/INTERPRET</b> Lens OD _____ HV F OS _____	<input type="checkbox"/> <b>ORDER/INTERPRET OCT</b> (Mac/Glauc)	<b>AMSLER GRID</b>	<b>TARGET</b> OD _____ OS _____	
<b>OD</b> _____	<b>RESULTS</b>	<b>OD</b> _____	<b>LHVF</b> _____	
<b>OS</b> _____	<b>OD</b> _____	<b>OS</b> _____	<b>LGONIO</b> _____	
<input type="checkbox"/> <b>PUPILS</b> WNL	<b>OTHER</b>		<b>LD FE</b> _____	
<input type="checkbox"/> <b>EOMS</b> WNL			<b>LOCT</b> _____	
<input type="checkbox"/> <b>CF</b> WNL			<b>LFAPP</b> _____	
<input type="checkbox"/> <b>PAM</b> _____				
<input type="checkbox"/> <b>BAT</b> _____				
<input type="checkbox"/> <b>ORDER GONIO</b> _____ X tmp _____ X	<input type="checkbox"/> <b>ORDER PACH</b> OD _____ OS _____			

 	<b>C/D</b> _____	<b>EXT.</b> <b>CONJ.</b> <b>CORN</b> <b>A.C.</b> <b>IRIS</b> <b>LENS</b> ____+NS ____+PSC ____+CS ____+NS ____+PSC ____+CS <b>IOL</b> <input type="checkbox"/> CENTRED IN BAG <input type="checkbox"/> <b>PC</b> CL ____+FIBR. CL ____+FIBR. <b>VIT</b> <b>DISC.</b> <b>MAC.</b> <b>VES.</b> <b>PER.</b>	<b>O.D.</b> <input type="checkbox"/> NORM <input type="checkbox"/> W&Q <input type="checkbox"/> CLEAR <input type="checkbox"/> D&Q <input type="checkbox"/> WNL <input type="checkbox"/> CLEAR	<b>O.S.</b> <input type="checkbox"/> NORM <input type="checkbox"/> W&Q <input type="checkbox"/> CLEAR <input type="checkbox"/> D&Q <input type="checkbox"/> WNL <input type="checkbox"/> CLEAR	<b>C/D</b> _____	 

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

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

**ORDER:**  FAFP

<b>RV O.D. IN</b>	<b>FOR</b>	<b>SIGNATURE</b>	Date of Service:
<b>RV ECT IN</b>	<b>FOR</b>		Faxed: _____ By: _____



Revised 5/2023

**DO NOT WRITE BELOW THIS LINE**