

OPTOMETRIC GLAUCOMA CONSULTATION FORM

DATE _____ INITIAL EXAM YEARLY EXAM CHANGE IN MEDS

PATIENT NAME _____

DOCTOR NAME _____

MEDICATION INITIAL MEDICATION CHANGE MEDICATIONS TO

Lumigan	QHS	OD	OS	OU
Xalatan	QHS	OD	OS	OU
Travatan-Z	QHS	OD	OS	OU
Alphagan P 0.1%	BID or TID	OD	OS	OU
Combigan	BID	OD	OS	OU
Cosopt	BID	OD	OS	OU
Trusopt	BID or TID	OD	OS	OU
Azopt	BID or TID	OD	OS	OU
Timoptic 0.5%	QAM or BID	OD	OS	OU
Timoptic XE	QAM	OD	OS	OU

OTHER _____

INITIAL PRESSURE OD _____ OS _____

TODAYS PRESSURE OD _____ OS _____

USE FOR FOLLOW UP VISIT

TARGET PRESSURE OD _____ OS _____

GONIO ANGLES OD 1 2 3 4 OS 1 2 3 4

CUP TO DISC RATIO OD V _____ H _____ OS V _____ H _____

VISUAL FIELD INTERPRETATION

OD _____

OS _____

PLAN _____

OPTOMETRIST _____

PLEASE SIGN

Address _____

Office Phone _____ Fax _____



EYE CENTER OF TEXAS

Leaders in Eye Care