

OPTOMETRIC GLAUCOMA CONSULTATION FORM

DATE _____ INITIAL EXAM YEARLY EXAM CHANGE IN MEDS

PATIENT NAME _____

DOCTOR NAME _____

MEDICATION INITIAL MEDICATION CHANGE MEDICATIONS TO

Edward C. Wade, M.D., F.A.C.S.

Lumigan QHS OD OS OU

Ting Fang-Suarez, M.D., F.A.C.S.

Xalatan QHS OD OS OU

Mark L. Mayo, M.D.

Travatan-Z QHS OD OS OU

Paul J. Stewart, M.D.

Alphagan P 0.1% BID or TID OD OS OU

Randall N. Reichle, O.D., F.A.A.O.

Combigan BID OD OS OU

Christopher D. Allee, O.D.

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 _____

Jill C. Autry, O.D., R.Ph.

INITIAL PRESSURE OD _____ OS _____

Amanda L. Bachman, O.D.

TODAYS PRESSURE OD _____ OS _____

USE FOR FOLLOW UP VISIT

Julie D. Ngo, O.D., F.A.A.O.

TARGET PRESSURE OD _____ OS _____

James O. Holt, O.D., F.A.A.O.

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 _____

revised 1/2016

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THE WOODLANDS/ CONROE

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