



MOYES EYE CENTER  
— Joy Through Sight —

P: (816) 746-9800

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www.moyeseye.com

REFRACTIVE SURGERY EVALUATION

Patient Name \_\_\_\_\_

Age \_\_\_\_\_

Birthdate \_\_\_\_\_

Home Phone \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Referral Physician \_\_\_\_\_

Referral Phone \_\_\_\_\_

Referral Email \_\_\_\_\_

HOW DID YOU HEAR ABOUT US:

NEWSPAPER  RADIO  FRIEND

OCCUPATION

OCULAR HISTORY

RK/AK  PRK  LASIK  IOL  PKP  DRY EYE SYNDROME  
 CATARACT  GLAUCOMA  RETINAL DISEASE  CORNEAL DISEASE

MEDICAL HISTORY

NONE  LUPUS  RHEUMATOID ARTHRITIS  
 DIABETES  KELOIDS  SJOGREN SYNDROME

WEARING

NO CORRECTION  GLASSES  SOFT CL  
 RGP/HARD CL  MONOVISION: DIST R/L  
NEAR R/L

CONTACTS DURATION

< 1 YEAR  1-5 YEARS  
 6-10 YEARS  > 10 YEARS

CONTACTS LAST USED

DRUG ALLERGIES

NONE

EYE MEDS

NONE

GLASSES PRESCRIPTION

HOW OLD \_\_\_\_\_

SPHERE CYLINDER AXIS ADD

SC D20 R L N20 R L CC D20 R L N20 R L

M OD OS SPHERE CYLINDER AXIS 20/

K OD OS STEEP MERIDIAN FLAT MERIDIAN

ORBSCAN PACH ULTRASOUND PACH SCHIRMERS TBUT

REPEAT MANIFEST

M OD OS SPHERE CYLINDER AXIS 20/

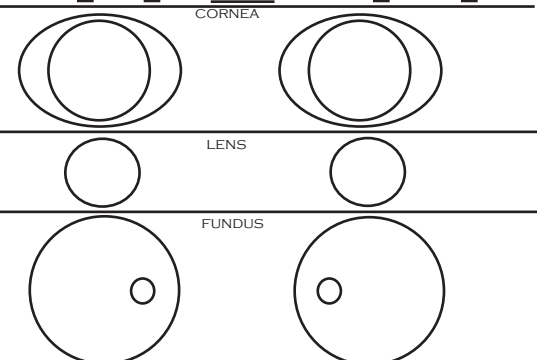
REVIEWED:  DRY EYES  MONOVISION  LIMITED BSCVA

IMPRESSION: OD  MYOPIA  HYPEROPIA  ASTIG  PRESBYOPIA

ATTEMPTED SURGEON SIGNATURE TARGET  PLANO  -1.00

O.Z. ABLATION RESIDUAL 8.5/9.5 180-Z

EOM EXAM: NORMAL  OD  OS STRABISMUS  OD  OS  
CVF: FULL  OD  OS ABNORMAL  OD  OS  
PUPILS:  PERRLA  APD:  NONE  OD  OS  
PUPIL SIZE: ROOM OD DIM OD OS  
TONOMETRY ANGLES  
OD: OS: @ AM/PM  OPEN  NARROW  
DILATION  OD  OS @ AM/PM  M&N  CYCLO



SLITLAMP EXAM (0=NONE, 1=TRACE, 2=MILD, 3=MOD, 4=SEVERE)

LIDS NORMAL BLEPHARITIS MEIBOMITIS TEAR FILM NORMAL ABNORMAL DEBRIS SCANT CONJUNCTIVA NORMAL ABNORMAL CORNEA NORMAL MDF SCAR GUTTATA KERATOCONUS A/C NORMAL ABNORMAL iris NORMAL ABNORMAL lens NORMAL NS CORTICAL PSC IOL vitreous NORMAL PVD optic nerve C/D DRUSEN PPA retina NORMAL ABNORMAL PERIPHERY

DOCTOR SIGNATURE