REFRACTIVE SURGERY POST-OP

MOYES EYE CENTER
Joy Through Sight
P:(816) 746-9800
F:(816) 587-3555
www.moyeseye.com

Patient Name _____ Age _____ Birthdate _____

Home Phone _____ Work/Cell Phone _____ Email _____

Referral Physician _____ Referral Phone _____ Referral Email _____

POST-OP	DATE / TIME	POST-OP	DATE / TIME	POST-OP	DATE / TIME
COMMENTS:	TECH.	COMMENTS:	TECH.	COMMENTS:	TECH.
SC D20 R / L	SC N20 R / L	SC D20 R / L	SC N20 R / L	SC D20 R / L	SC N20 R / L
M OD 20/ OS 20/		M OD 20/ OS 20/		M OD 20/ OS 20/	
C OD 20/ OS 20/		C OD 20/ OS 20/		C OD 20/ OS 20/	

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

CORNEA

EPI DEFECT		BOWMAN C.	
EPI STAIN		FLAP STRIAE	
INF KERATITIS		FLAP EDEMA	
DLK		INTERFACE	
STROMAL EDEMA		DEBRIS	
HAZE		EPITHELIUM	

LENS (0=CLEAR, 1=TRACE, 2=MILD, 3=MOD, 4=SEVERE)

RETINA (0=NORMAL, 4=ABNORMAL)

IMPRESSION:

PLAN:

DR. SIGNATURE

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AJV INC. 10-02