



# LASIK Post-Op Evaluation

Referring Doctor : \_\_\_\_\_

Please FAX completed form to :  
Parker: 720.880.6460  
Boulder: 303.593.2199

Name (First/Last):	DOB:	Surgery Date:	Primary Enhancement
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### Exam Data

	OD	OS										
	<b>Goal:</b>	<b>Goal:</b>										
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>History</b></td> <td style="width:15%;">Happy</td> <td style="width:15%;">Unsure</td> <td style="width:15%;">Unhappy</td> </tr> </table>	<b>History</b>	Happy	Unsure	Unhappy	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>History</b></td> <td style="width:15%;">Happy</td> <td style="width:15%;">Unsure</td> <td style="width:15%;">Unhappy</td> </tr> </table>	<b>History</b>	Happy	Unsure	Unhappy		
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<b>1 Day</b>	<b>Meds</b>	AT's ____ x a day										
<b>10 Day</b>	<b>Acuity</b>	UCVA 20/										
<b>2 Mo</b>	<b>Refraction</b>	20/										
<b>Other:</b>												
	<b>Flap</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Good</td> <td style="width:15%;">SPK</td> <td style="width:15%;">Debris</td> <td style="width:15%;">Straie</td> <td style="width:15%; text-align: center;"></td> </tr> <tr> <td>DLK</td> <td>EI</td> <td>Other: _____</td> <td></td> <td></td> </tr> </table>	Good	SPK	Debris	Straie		DLK	EI	Other: _____		
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	<b>Assessment</b>	Good      Unsure      Enhance										
	<b>Plan</b>	RTC      InS      CoMg										

Notes:

Today's Date \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

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