Laser Vision Correction Enhancement—after 2+ years

Pacific CATARACT AND LASER INSTITUTE

REFERRING DOCTOR

Name _____

Address _____

_____ Phone (____)_____

Date of Exam _____

PATIENT INFORMATION

Name _____

Address _____

_____ Date of Birth _____

Phone: Hm (____)_____ Wk (____)_____

Lifting LASIK flaps after two years for enhancement may increase risk of epithelial ingrowth so PRK is generally our preferred treatment beyond this time frame. We want to help patients avoid the added risk of this unpleasant complication.

What refractive error outcome do you recommend for each eye? OD _____ OS _____

SUBJECTIVE

Ocular history *(i.e., injury, amblyopia, previous surgery, cataracts, glaucoma, macular degeneration, retinal detachment, other)* _____

_____

_____

Medical history *(i.e., diabetes, heart, lung, arthritis, lupus, pregnant, nursing, other)*_____

Medications: Ocular _____ Systemic _____

Allergies _____

OBJECTIVE

Important Note: *Refraction must have been stable (less than .50 D change) 1 year for low to moderate myopes, 2 years for high myopes. Rigid or gas perm contacts must be left out at least 3 weeks prior to exam and soft contacts 7 days prior.*

	OD	**OS**
Dominant Eye: ☐ OD ☐ OS		
Pupil Size *(diameter in dim light)*	_____ mm APD + / - *(circle)*	_____ mm APD + / - *(circle)*
VA Without Correction	20 / _____	20 / _____
Present Rx: ☐ CL ☐ Glasses (add _____)	_____ 20 /____	_____ 20 /____
Dry Refraction (*date if not today* _____)	_____ 20 /____	_____ 20 /____
Cycloplegic Refraction (*with cyclogyl 1%*)	_____ 20 /____	_____ 20 /____
Keratometry Readings: ☐ Manual ☐ Auto	_____@_____ _____@_____	_____@_____ _____@_____
IOP: ☐ Air ☐ Applanation	_____ mm Hg	_____ mm Hg
Central Corneal Thickness	_____ microns	_____ microns
Ocular Motility	_____	_____

Check if normal:	**OD**	**OS**		**OD**	**OS**	
	☐	☐	Adnexa	☐	☐	Lens
	☐	☐	Lids/lashes	☐	☐	Vitreous
	☐	☐	Conjunctiva	☐	☐	Disc
	☐	☐	Cornea	☐	☐	Vessels
	☐	☐	AC	☐	☐	Macula
ASSESSMENT	☐	☐	Iris	☐	☐	Periphery

Anterior segment abnormal findings

_____

_____

Posterior segment abnormal findings

_____

_____

TERMS OF LIFETIME ENHANCEMENT AGREEMENT

Patients qualify for free enhancement if:

- They have received the recommended follow-up care with you.
- You have shared their 1 week, 1 month, and 6 month follow-up findings with us.
- They have received yearly eye exams with you.

PLAN

☐ This patient qualifies for free enhancement. If deemed suitable, they wish to proceed.