

Chief Complaint:

HPI:

POH:

Eye Surgery:

PMH:

Medication:

Surgery:

Allergy:

Soc Hx:  
Negative

FH:  
Negative

ROS:  
Negative

| Visual Acuities |           | Intraocular Pressures | Fields        | Motility                                                                          |                                                                                   |
|-----------------|-----------|-----------------------|---------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <u>OD</u>       | <u>OS</u> | <u>OD</u> <u>OS</u>   |               | <u>OD</u>                                                                         | <u>OS</u>                                                                         |
|                 |           | @                     | Full to CF OU |  |  |

External Exam:

| <u>Right</u>  | <u>Left</u> |
|---------------|-------------|
| Brow          |             |
| Upper Lids    |             |
| Lower Lids    |             |
| Medial Canthi |             |

Alternate Cover Test:

Impression/Plan: