Chief Complaint:

HPI:

POH:

Eye Surgery:

PMH:

Medication:

Surgery:

Allergy:

Soc Hx:
Negative

FH:
Negative

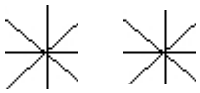
ROS:
Negative

Visual Acuities
OD OS

Intraocular Pressures
OD OS
@

Fields
Full to CF OU

Motility
OD OS



External Exam:

Right		Left
	Brow	
	Upper Lids	
	Lower Lids	
	Medial Canthi	

Alternate Cover Test:

Impression/Plan: