

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: