**Chief Complaint:**

**HPI:**

**POH:**

**Eye Surgery:**

**PMH:**

**Medication:**

**Surgery:**

**Allergy:**

**Soc Hx:**
Negative

**FH:**
Negative

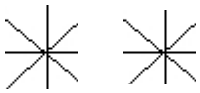
**ROS:**
Negative

**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:**