

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: