

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:

Right

Left

- Brow
- Upper Lids
- Lower Lids
- Medial Canthi

Alternate Cover Test:

Impression/Plan: