

Optometry Case Report

Health record number: SAIC001/2023
examination: 05/02/2023

Date of Eye

Name of the patient: Venkatesan C Age: 78 Gender: M

History:

complaints: Both eyes decrease vision - NV > DV- with & without Cx - 10 days

Previous History (Both health & eye): Using Glasses

Family History: Nothing significant

Previous Investigation report: Nil

Medicines taken: HT medicines - details not available

Allergy: Not Aware off

Previous Glass Prescription ()

Right Eye: +1.50 DS/ -1.00 x 90

Left Eye: +1.00 DS/ -0.75 x 90

Add:

Comments: Bifocals ; not scratches ; fitting okay

Clinical Refraction

Presenting Visual Acuity:

Right Eye:

Left Eye:

Best Corrected Visual Acuity:

Right Eye

Left Eye

Binocular Vision Status:

OM - OD Full OS Full OU Full

CT(with Cx): Distance: Near:

NPC: Subjective: Objective:

NPA: OD OS OU

Pupil: OD Reacting to light OS Reacting to light OU

Comments: OD: Round OS: Obliquely oval

ANTERIOR SEGMENT FINDINGS:

Right Eye		Left Eye
Normal	Lids	Normal
Normal	Conjunctiva	Normal
Normal	Cornea	Normal
Normal	AC	Normal
Normal	Iris	Normal
PC IOL in Place	Lens	PC IOL in Place
Normal	Tear Film	Normal

Comments: NAD

INTROcular PRESSURE: 06:20:30 OD OS

POSTERIOR SEGMENT FINDINGS:

Right Eye: Not done

Left Eye: Not done

Diagnosis : Mild Visual Impairment OU Pseudophakia OU Systemic Hypertension

Management : Reassured; continue same glasses ; needs dilated fundus evaluation (cant see with undilated pupils) - patient suggested the same and ask to come in 3-6 months time for the same

Glass Prescription:

R. Krishna Kumar

Signature/Name of the Optometrist
05/02/2023

Date:

