

VISIONCARE OPHTHALMOLOGY CLINIC

123 Visionary Way, Suite 400, Meditown, ST 54321
Phone: (555) 123-4567 | Fax: (555) 123-4568

Ophthalmology Patient Report

Patient Name: Johnathan Doe
Date of Birth: 1956-04-22 (Age: 68)
Medical Record #: 789-012-345
Date of Examination: 2024-05-21
Referring Physician: Dr. Susan Bones, MD (General Practice)

Chief Complaint

Patient presents for a routine annual eye examination. He notes "blurry vision that my glasses don't seem to fix anymore," progressively worsening over the last 6 months. No eye pain, redness, or discharge reported.

History of Present Illness

A 68-year-old male with a history of myopia reports a gradual, painless decline in visual clarity, most noticeable when reading. He denies any flashes, floaters, or curtains in his vision.

Past Ocular History (POHx)

- Myopia since childhood.
- No history of ocular surgery, trauma, or amblyopia.
- Last eye exam was approximately 3 years ago; was told his eye pressures were "a little high."

Past Medical History (PMH)

- Hypertension (HTN), well-controlled.
- Hyperlipidemia.

Examination

Test	OD (Right Eye)	OS (Left Eye)
Visual Acuity (cc)	20/40	20/50
Pinhole Acuity	20/30-	20/40
IOP (Goldmann)	26 mmHg	28 mmHg
Pachymetry	535 µm	540 µm

Slit Lamp Examination:

- **Lids/Lashes:** Normal, OU (Both Eyes). **Cornea:** Clear, OU (Both Eyes).
- **Conjunctiva/Sclera:** White and quiet, OU (Both Eyes). **Iris:** Normal architecture, OU (Both Eyes).
- **Anterior Chamber:** Deep and quiet, Grade 4, OU (Both Eyes). **Lens:** 2+ NS, 1+ CS, OU (Both Eyes).

Dilated Fundus Examination (DFE) & Imaging

Fundus Findings:

- **Vitreous:** Clear, OU (Both Eyes).
- **Optic Nerve:**
 - OD: Large cup with thin inferior rim. C/D of 0.75.
 - OS: Very large cup with diffuse thinning. C/D of 0.85 with notching inferiorly.
- **Macula:** Flat with healthy foveal reflex, OU (Both Eyes).
- **Periphery:** Attached 360 degrees, OU (Both Eyes).



Figure 1: Fundus photograph of an eye showing advanced glaucomatous cupping, consistent with findings for patient's OS.

Assessment

1. **Primary Open-Angle Glaucoma (POAG), Moderate Stage, OU (Both Eyes)** - Evidenced by elevated IOP, characteristic optic nerve cupping, and family history.
2. **Age-Related Cataract (Nuclear Sclerosis), OU (Both Eyes)** - Contributing to decreased best-corrected visual acuity.

Plan

1. **Patient Education:** Discussed the nature of glaucoma. Emphasized importance of lifelong monitoring and treatment adherence.
2. **Medical Therapy:** Initiate treatment to lower IOP.
 - **Rx:** Latanoprost 0.005% ophthalmic solution. Instill 1 drop in each eye nightly.
3. **Diagnostic Testing:** Ordered baseline Humphrey Visual Field and Optic Nerve OCT.
4. **Follow-up:** Return in 4-6 weeks to check IOP response and review test results.

Eleanor Rigby, MD, PhD

Ophthalmologist, Glaucoma Specialist

License #: MD123456