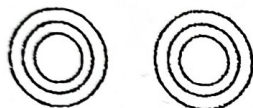


# BLANCIA EYE CLINIC

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Status \_\_\_\_\_  
 Address: \_\_\_\_\_ Birthday \_\_\_\_\_ Tel no. \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_ Date \_\_\_\_\_

CHIEF COMPLAIN:											
HPI:											
PAST OCULAR HX:											
MEDICAL HISTORY:					PRESENT MEDS:						
OD		ph		J		OD		Manifest		OD	
VA		OS		ph		J		RX		OS	
PUPILS		SIZE		SHAPE		LIGHT		NEAR		CONSENSUAL	
OD											
OS											
					IOP		OD		EOM		
							OS				

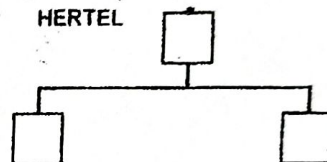
GONIOSCOPY:



LACRIMAL APPARATUS:

Palp fissure ht. \_\_\_\_\_  
 MRD \_\_\_\_\_  
 UEC \_\_\_\_\_  
 Levator fxn \_\_\_\_\_

HERTEL



ISHIHARA:

BIOMICROSCOPY	OD	OS
LIDS		
CONJUNCTIVA		
SCLERA		
CORNEA		
ANTERIOR CHAMBER		
IRIS/LENS		
DISCS		

DIAGNOSIS: \_\_\_\_\_

PLAN: \_\_\_\_\_