

PATIENT NAME

EXAM DATE

DOB

CHART#

REFERRING SOURCE

Bartolomeo Elizabeth 10/19/07 10/8/36

Chief Complaint/HPI:

2 mth flu

Ocular Hx:

ARMD on

Ocular Meds:

Allergies:

☒ NKDA

p+ unavail  
of any Δ's

ARASTHIN on

Medical Hx:

☐ DM

LBS:

☐ HTN

☐ COPD

☐ MI

Systemic Meds:

2000

coreg

monase

ecetrim

premarin

ROS:

☐ ENT

☐ Cardio

☐ Resp

☐ GI

☐ GU

☐ MS

☐ Gen

☐ Skin

☐ Neuro

☐ Psych

☐ Endo

☐ Hema

☐ All/Im

☐ Tobacco

☐ Alcohol

Family Hx:

V<sup>sc</sup>

V<sup>ph</sup>

20/200  
20/200

W

Add

N

20/400+1  
20/400

T<sub>ap</sub> OD 15 @ 1012

T<sub>pen</sub> OS 16

T<sub>nc</sub> Neo 2.5% @

Testing: OCT line on

R

R

Given

WNL

☒ EXT

☒ E.O.M.

☐ C.V.F./AMS.

☐ PUPIL

☒ C.I.S.

☐ CORNEA

☒ AC/IRIS

☒ LENS



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A/O x 3

pxf

? LSRF

here

WNL

☒ EXT

☒ E.O.M.

☐ C.V.F./AMS.

☐ PUPIL

☒ C.I.S.

☒ CORNEA

☒ AC/IRIS

☒ LENS

☐ Ind

☐ Biom

COMB-WU1

IMPRESSION:

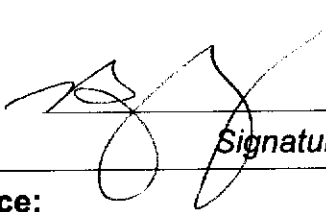
Chronic CSCR  
("ARMED") —

PLAN:

OCT — ↓ height of cuff on  
comp to 8/07

Flu 4 mo

TESTING:

  
\_\_\_\_\_  
Signature of Examiner

**Interpretation & Report of Special Testing Service:**

Findings/Implications:

Effect on Plan:

Signature of Physician:

**Interpretation & Report of Special Testing Service:**

Findings/Implications:

Effect on Plan:

Signature of Physician:

PATIENT NAME

EXAM DATE

DOB

REFERRING SOURCE

Bartolomeo, Elizabeth 8/17/07 10/8/36

Chief Complaint/HPI:

bwks

Ocular Hx:

ARMED OU

Avastin inj OU

Ocular Meds:

Art

Pen

Allergies:

☐ NKDA

pt states doing well  
here for follow up visit

Medical Hx:

- ☐ DM  
☐ LBS.  
☒ HTN  
☐ COPD  
☐ MI

Systemic Meds:

Coreg  
Zocor  
Ecotrin  
Premarin  
Norvasc

ROS:

- ☐ ENT  
☐ Cardio  
☐ Resp  
☐ GI  
☐ GU  
☐ M/S

☐ Gen

- ☐ Skin  
☐ Neuro  
☐ Psych  
☐ Endo  
☐ Hema  
☐ All/Im

☐ Tobacco

☐ Alcohol

Family Hx:

V<sub>sc</sub> \_\_\_\_\_ V<sub>ph</sub> \_\_\_\_\_

W  $\begin{matrix} +200 \\ +250 \end{matrix}$   $\begin{matrix} 20/200 \\ 20/200 \end{matrix}$  x  $\begin{matrix} 1050 \\ 95 \end{matrix}$  N  
Add +300

T<sub>ap</sub> OD @ 11/12  
T<sub>pc</sub> OS @ 04 1105  
☒ Myd ☒ Neo 2.5% @

Rx \_\_\_\_\_ x \_\_\_\_\_  
\_\_\_\_\_ x \_\_\_\_\_

Rx \_\_\_\_\_ x \_\_\_\_\_  
Given \_\_\_\_\_ x \_\_\_\_\_

Testing:

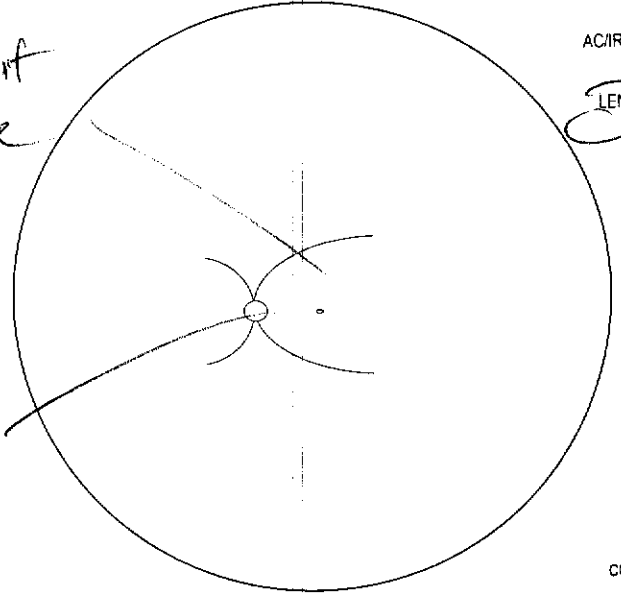
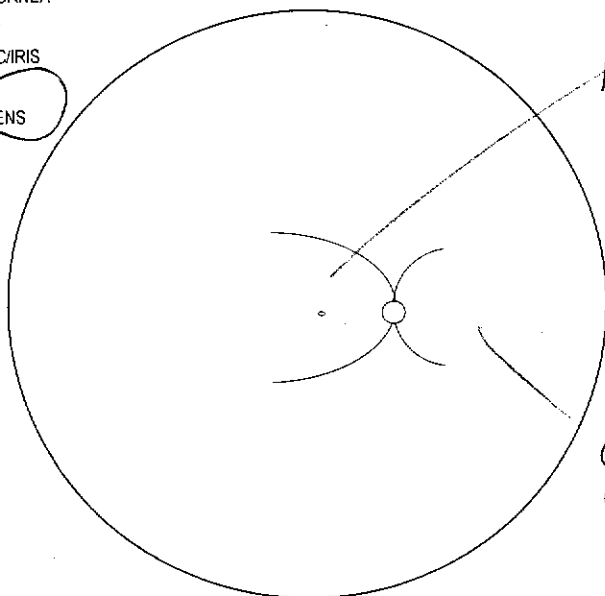
WNL

- ☒ EXT  
☒ E.O.M.  
☐ C.V.F./AMS.  
☐ PUPIL  
☒ C/S.  
☒ CORNEA  
☒ AC/IRIS  
☒ LENS



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(2(12))



No signif  
change

0.3  
02

- ☐ Ind  
☐ Biom

WNL

- EXT ☒  
E.O.M. ☒  
C.V.F./AMS. ☐  
PUPIL ☐  
C/S. ☒  
CORNEA ☒  
AC/IRIS ☒  
LENS ☒

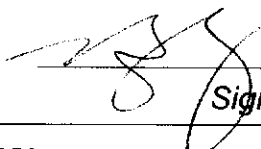
IMPRESSION:

No signif change  
on exam / OCT

PLAN:

W I NO

TESTING:



Signature of Examiner

**Interpretation & Report of Special Testing Service:**

Findings/Implications:

Effect on Plan:

Signature of Physician:

**Interpretation & Report of Special Testing Service:**

Findings/Implications:

Effect on Plan:

Signature of Physician:

PATIENT NAME

EXAM DATE

DOB

REFERRING SOURCE

Bartolomeo, Elizabeth 7/6/07 10/8/36

Chief Complaint/HPI:

6 WK Return

N/C @ VA.

Ocular Hx:

ARMED OU @ PDT

Avastin inj OU

Ocular Meds:

AT pm

Allergies:

☒ NKDA

poor

Medical Hx:

☒ DM

LBS:

☒ HTN

☒ COPD

☒ MI

Systemic Meds:

norvasc.  
premarin  
ecotrin  
20cor  
coreg

ROS:

☐ ENT  
☐ Cardio  
☐ Resp  
☐ GI  
☐ GU  
☐ MS

☐ Geni  
☐ Skin  
☐ Neuro  
☐ Psych  
☐ Endp  
☐ Hema  
☐ All/Im

☐ Tobacco

☐ Alcohol

Family Hx:

V<sup>sc</sup> \_\_\_\_\_ V<sup>ph</sup> \_\_\_\_\_

W \_\_\_\_\_ x \_\_\_\_\_ 20/200<sup>-1</sup>  
\_\_\_\_\_ x \_\_\_\_\_ 20/200

Add

N

R \_\_\_\_\_ x \_\_\_\_\_  
\_\_\_\_\_ x \_\_\_\_\_

R \_\_\_\_\_ x \_\_\_\_\_  
Given \_\_\_\_\_ x \_\_\_\_\_

T<sup>ap</sup> OD 11 @ 10:05 am  
pen OS 12 LG  
nc  
☒ Myd ☒ Neo 2.5% @ 10:10 am

Testing: OCT-T&L cu

WNL

☐ EXT

☒ E.O.M.

☐ C.V.F./AMS.

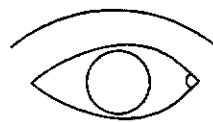
☐ PUPIL

☒ C/S.

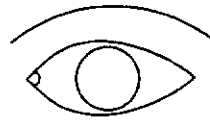
☒ CORNEA

☒ AC/IRIS

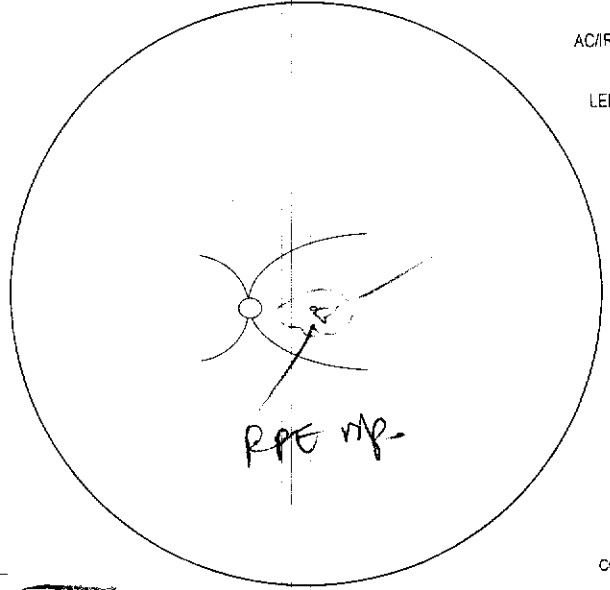
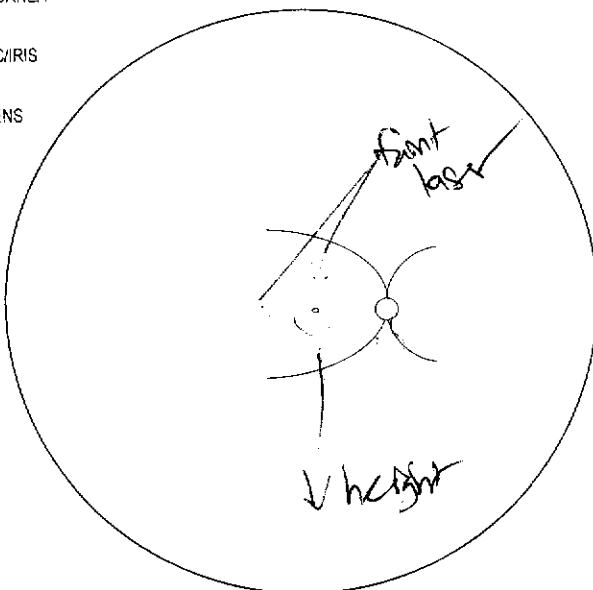
☐ LENS



(2(2))



((2))



☐ Ind

☐ Biom

WNL

EXT ☐

E.O.M. ☒

C.V.F./AMS. ☐

PUPIL ☐

C/S. ☒

CORNEA ☒

AC/IRIS ☒

LENS ☐

IMPRESSION:

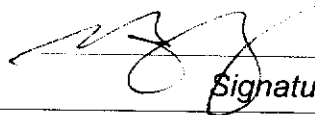
? OD - decreased height

↓  
height on OCT

PLAN:

rw 6 wks

TESTING:



Signature of Examiner

**Interpretation & Report of Special Testing Service:**

Findings/Implications:

Effect on Plan:

Signature of Physician:

**Interpretation & Report of Special Testing Service:**

Findings/Implications:

Effect on Plan:

Signature of Physician: