

OCULAR EXAMINATION REPORT

Phone:

Fax:

Dear Dr. ,

RE:

DOB:

Chief complaint:

History:

Medications:

Allergies:

	<i>Right Eye</i>	<i>Left Eye</i>
<i>BCVA</i>		
<i>IOP@</i>		
<i>Refraction</i>		
<i>Anterior Segment</i>		
<i>Fundus Examination</i>		

Diagnosis:

Recommendations:

Thank you for referring this pleasant patient. If you have any questions please do not hesitate to contact me. I look forward to working with you in the care of this patient.

Sincerely,

O.D.: Dr. ,