Moore Vision

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Name
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Patient Files



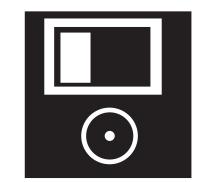


Records

Examination

EXAMINATION

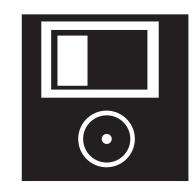
PATIENT:		AGE: DATE: / /
Chief Complaint:		Allergies-
Symptoms-		Medications-
Location-		
Onset-		Ocular ROS-
Frequency-		
		Hx/FHx-
S Contact		TIAN TIA
Severity- Context- Modifiers-		Medical Hx & ROS from//
Modifiers-		reviewed with no change. Doctor Initials:
Head/Face: and	E.O.M.: Full & Smooth COVER TEST: sc / cc	CONFRONTATIONS: ☐ FTFC OD / OS
Mood/Affect: (anxiety/depression) □ nl Oriented (person/time/place) □ y □ n		□ DEFECT OD / OS
Onemed (personaline/place)	NPC:	
DVAsc: PH TONOMETRY: NCT / GAT	Current Rx: SV BF PAL RDG OD	KERATOMETRY / RETINOSCOPY: 20/
OD 20/ @ am / pm		20/ OD
OS 20//	Add:	os
NVA: sc / cc PUPILS: □ PERRL-APD	SUBJECTIVE: OD	Trial Frame 20/
OD 20/	os .	20/
OS 20/	Add:	<u> </u>
SLIT LAMP EVALUATION: OD OS Comment:	FUNDUS: a 90D a BIO/20D a Di	irect = 1%T = 2.5%Phenyl DD OS
TEAR	C/D	
B CONJ □ □		
O CORNEA D D D D D D D D D	AAA CLU A	
A/C	DEDIDU	
LENS DO NOTE OF THE PROPERTY O	<u>. </u>	
		$+ \Rightarrow)(\Rightarrow +)$
*ABNL (X) ; WNL (√)		□ (-) Hole / tear / RD to extent seen (OU) □ Ed adaptation to Rx changes
Z		□ Ed UV-protection □ Ed importance of BS / BP control
<u>-</u>		□ Ed sg's & sx's of RD
SISC		 □ Ed impt of d/c-ing of cl wear □ Ed impt of compliance w/ meds
DIAGNOSIS		
RTC:		Examining Doctor:
		□ Continue on Next Page





Prescription

PATIENT:		AGE:	DATE: / /
	SPHERE (SPH) (?)	CYLINDER (CYL) ?	AXIS (0-180) ?
RIGHT EYE (OD)	+2.25	-0.75	95
LEFT EYE (OS)	+1.50	-1.25	90
	SI-FOCAL POWER? ONO		
	ADDITIONAL POWER (?)	PUPILLARY	DISTANCE ?
RIGHT EYE (OD)	+2.25	- Please Se	elect
LEFT EYE (OS)	+2.25	- Please Se	elect —
Notes:			

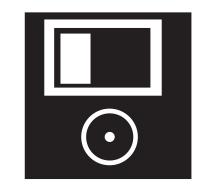




Examination

EXAMINATION

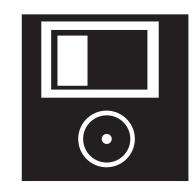
□ Ed adaptation to Rx changes □ Ed UV-protection	PA	TIENT:	 -				AGE:	DATE:	1	1
Location-Onset-		Chief Complain	ıt:				Allergies	_		
Onset- Frequency- Severity- Context- Modiffers- HeadFace: Modiffers- Dotor Initials: Dot		Symptoms-					Medicatio	ons-		
Frequency- Severity- Context- Modifiers- Head/Face: Head/Face: Oriented (person/lime/place) DVASC PH TOHOMETRY: NCT / GAT Current Rx: SV BF PAL RDG OS 20/ SU Examination has been saved. NVX: 5c / Cc OD 20/ OS 20/ SUT LAMP EVALUATION: OD 00 O Comment Applic (X): YVNL (Y) TABNL (X): X:		Location-								
Severity- Context- Modifiers- Double Constraint Cover Test: 6c / cc DVAsc: PH TONOMETRY: NCT / GAT		Onset-					Ocular R	OS-		
Head/Face:		Frequency-								
Head/Face:	Ę.	Severity-					Hx/FHx-			
Head/Face:	CT	Context-								
Mood/Affect: (anxiety/depression) in nil Oriented (person/time/place) in y in nil Oriented (person/time/place) in nil Oriented (person/time/plac	SUBJE	Modifiers-						with no change.	or Initials	/:
Modulated: (anxiety/depression) and Oriented (person/lime/place) by an Oriented (person/lime/place) by an Operation Procession of the Control				o nl	h					
DVASC: PH TONOMETRY: NCT / GAT Current Rx: SV BF PAL RDG KERATOMETRY / RETINOSCOPY: OD 20/ OS 20/ NVA: sc / cc PUPUS WOULD YOU LIKE to create OD 20/ OS 20/ SLIT LAMP EVALUATION: OD 00 SLIT LAMP EVALUATION: OD 00 ANGLES ACC RIS LENS VIT ABNL (X) WNL (*) TABNL (X) WNL (*) TABNL (X) WNL (*) PERMIT TABNL (X) WNL (*) C (.) Hole / tear / RD to extent seen (OU) DE d adaptation to Rx changes UE dimportance of BS / BP control DE d are says of RD DE dimportance of BS / BP control DE dimportance of BS / BP		•	•		JOULKILO	. 507 00				
OD 20/ OS 20/ NVA: sc / cc P P PLS: OD 20/ OS 20/ SLIT LAMP EVALUATION: OD O: Comment		Onemed (person	i/til Be/place)	u y υ ι ι	NPC:					
S 20/		DVAsc: PH	TONOMETRY: NO	CT / GAT		SV BF PAL RI		KERATOMETR	Y / RETING	SCOPY:
NVA: sc/cc OD 20/ OS 20/ SUIT LAMP EVALUATION: OD OS Comment TEAR CONJ CORNEA ANGLES AC IRIS LENS DISC BYS (AV) IVIT *ABNL (X); WNL (v) *ABNL (X); WNL (v) *TEAR CONJ CORNEA AC IRIS LENS DISC BYS (AV) FERIPH *ABNL (X); WNL (v) *ABNL (X); WNL (v) *ABNL (X); WNL (v) *ABNL (X); WNL (v) Examining Doctor: Examining Doctor:		OD 20/				_	20/			
TEAR LICONJ CORNAR ANGLES ANGLES LEENS U LICONS LEENS U LICONS U L				amin	ation	has be	en sa	aved.		·····
S 20/ SLIT LAMP EVALUATION: a prescription? TEAR ULCONJ CORNEA CONJ CORNEA CO		NVA: sc / cc		Maul	SUBJECTIVE	: . lika ta	20koo	Trial Frame		
SLIT LAMP EVALUATION: OD OS Comment: TEAR UL CONJ CORNEA ANGLES AC IRIS LENS UIT *ABNL (X): WNL (v) *			o Other:	VOUI		i iike ic) CI Ea	le		
TEAR LUL CONJ CORNEA ANGLES ANG LENS UT IN	-	SLIT LAMP EVALUATION: a Drescription? 1%T 2.5%Phenyl								
VYON ANGLES CONJ CORNEA CO	ΛĒ	OD	OS Comment:				OD OS			•
Yes CONNEA	ECTI					C/D				
*ABNL (X): WNL (V) -*ABNL (X)	OBJ	CONJ		Voc						
*ABNL (X); WNL (v) *ABNL (X); WNL (v)		ANGLES □		163		MACULA				
*ABNL (X); WNL (v)		IRIS 📙	i							
Ed adaptation to Rx changes Ed UV-protection Ed importance of BS / BP control Ed sg's & sx's of RD Ed impt of d/c-ing of cl wear Ed impt of compliance w/ meds RTC: Examining Doctor:)	П							
Ed adaptation to Rx changes Ed UV-protection Ed importance of BS / BP control Ed sg's & sx's of RD Ed impt of d/c-ing of cl wear Ed impt of compliance w/ meds RTC: Examining Doctor:										
Ed adaptation to Rx changes Ed UV-protection Ed importance of BS / BP control Ed sg's & sx's of RD Ed impt of d/c-ing of cl wear Ed impt of compliance w/ meds RTC: Examining Doctor:								\mathcal{L}	\mathcal{L}	
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Ed adaptation to Rx changes Ed UV-protection Ed importance of BS / BP control Ed sg's & sx's of RD Ed impt of d/c-ing of cl wear Ed impt of compliance w/ meds RTC: Examining Doctor:										
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Ed impt of d/c-ing of cl wear Ed impt of compliance w/ meds RTC: Examining Doctor:	PLA							□ Ed imp	ortance of	BS / BP control
Examining Doctor:	~							□ Ed imp	t of d/c-ing	of cl wear
Examining Doctor:	ÖNE							ш ша ппр	. J. Jonipiii	
	DIA	RTC:						Examining Doct	or:	
		·					·			Joyt Dees





Prescription

PATIENT:		AGE	E: DATE:	1
	SPHERE (SPH) ?	CYLINDER (CYL) ?	AXIS (0-1	80) (2)
RIGHT EYE (OD)	+2.25	-0.75	95	
LEFT EYE (OS)	+1.50	-1.25	90	
OO YOU HAVE A	BLFOCAL POWER? Prescrip	tion has been	ı saved.	
	How would	d you like to	proceed?	
RIGHT EYE (OD)	+2.25	- Ple	ase Select —	
LEFT EYE (OS)	+2.25	- Fle		
Notes:	Print	Mail	Both	

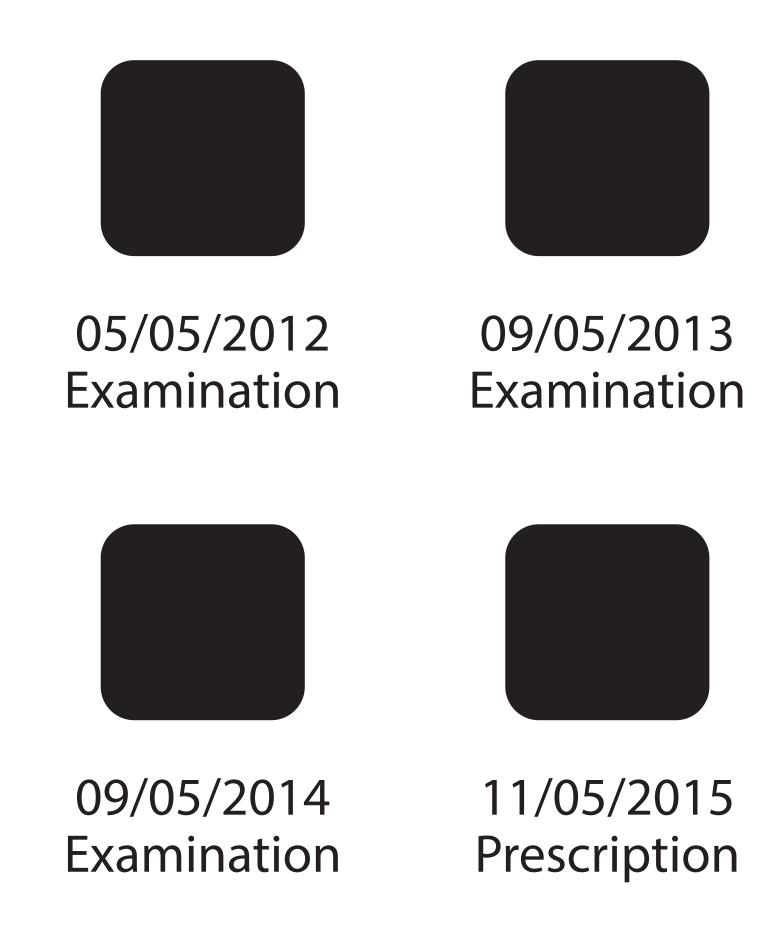




Search

Name Name

Records





Examination

EXAMINATION

PA	TIENT:	· ··· ··				AGE:	DATE:	1	1
	Chief Complain	t:	,			Allergie	S-		
	Symptoms-					Medicat	ions-		
	Location-								
	Onset-					Ocular F	ROS-		
	Frequency-								
Щ						Hx/FHx-			
CTIV	Context-								
SUBJECTIVE	Modifiers-						Hx & ROS from _ d with no change.	/	
<u>જ</u>				EOM: - Eu	II 9 Cmooth		Docto	r Initials:	
	Head/Face: Mood/Affect: (ar	nxiety/depression)	o ni o ni	E.O.M.: DFu			□ FTFC OD / OS		
	Oriented (person	•	o y o n				□ DEFECT OD /	US	
	DVAsc: PH	TONOMETRY: N	CT / GAT	NPC:	SV BF PAL	RDG	KERATOMETRY	//RETINOS	SCOPY:
	DVASC. TH	TORONAL TREET	0170/(1	OD	OV BI TAL	20/	OD	, , , , ,	
	OD 20/	@ am / pm	1	os		20/			
	OS 20/ NVA: sc / cc	PUPILS:		SUBJECTIVE	Add:		OS Trial Frame		
		□ PERRL-APD □ Other:		QD		20/			
	OD 20/ OS 20/			os	Add:	. 20/			
	SLIT LAMP EVA			FUNDUS:	90D 🗆 BIO/20D		□ 1% T	a 2.5%Ph	nenyl
ECTIVE	TEAR	OS Comment:			C/D	OD OS			
CEC	TEAR				C/D				
OBJ	COMMEN -				DISC BV's (/				
	ANGLES □				MACUI FUNDI	JS 🔠 🔠			
	IRIS □				PERIP	H			
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	*ABNL (X) ; WNI	_ (√)				·-··	□ (-) Hole / tear	/ RD to extended	
Z							□ Ed UV-	protection	S / BP control
/PL							□ Ed sg's	& sx's of RI	D
osis							□ Ed impt □ Ed impt	of d/c-ing of of complian	r ci wear nce w/ meds
DIAGNOSIS									
Ö	RTC:						Examining Doct	or:	
	<u> </u>					<u> </u>	Cor	ntinue on Ne	ext Page

Prescription

PATIENT:		AGE	E: DATE:	1
	SPHERE (SPH) ?	CYLINDER (CYL) ?	AXIS (0	-180) (?
RIGHT EYE (OD)	+2.25	-0.75	95	
LEFT EYE (OS)	+1.50	-1.25	90	
OO YOU HAVE A	BLFOCAL POWER?	NO YES VOUID VOU like	e to	
	ADDITIONAL POWER Share t	vould you like the Prescripti	LARY DISTANCE On?	?
RIGHT EYE (OD)	+2.25		ase Select —	_
LEFT EYE (OS)	+2.2	- Ple		
Notes:	Print	Mail	Both	

