

## LASIK Postop Results

### Patient Information

Name _____		
H Phone _____	W _____	
DOB _____	MALE	FEMALE
<b>Date of Surgery:</b> ____/____/____		

### Referring Doctor Information

Name _____		
Phone _____		
FAX _____		
<b>Date of Exam:</b> ____/____/____		

### History

Quality of Vision \_\_\_\_\_

Satisfaction Level of Patient: \_\_\_\_\_

**Refraction and IOP not necessary on one day postops.  
Postop dilation only necessary at 3-month visit only if patient needs a touch-up.**

	OD	OS
Visual Acuity (without correction)		
Manifest Refraction		
Visual Acuity (with above refraction)		
<b>Cycloplegic Refraction (only 3 month) Mydracyl 1%</b>		
Corneal Status (please check)	____ Clear ____ Haze	____ Clear ____ Haze

Advise to Patient: \_\_\_\_\_

Questions for Surgeon Please call (559) 256-8480

Postop Examinations are required at 1 day, 1 week, 1 month, 3 months, 6 months and 1 year following Refractive Surgery, your office is responsible to schedule these appointments for the patient. Co-management arrangements for post-operative care are usually made prior to surgery and we require your report to be faxed or mailed to our office after all post operative visits. It is common for patients to experience fluctuation after surgery and vision will typically stabilize after 3 months. If a reoperation is necessary it will be scheduled as early as 3 months after surgery. If a patient is experiencing any unusual symptoms after surgery, please contact our office immediately at (559) 256-8480.

Referring Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_

# EYE-Q

Postop Results Form/Eye-Q Laser Center  
7075 N. Sharon Ave. Fresno, CA 93720  
(559) 256-8480

**Please fax form to (559) 256-8484, Attn: LASIK**