

GULFCOAST LASIK - Post-Procedure Care

Patient Name:			Patient's Birth Date:		/	Age:
Co-Managing Doctor:			Contact: Doct	or Ass	istant:	
Doctor Email:	Doctor Phone:		Doctor's Fax:			
	RIGHT EYE Pro	cedure Information		LEFT EYE		
Procedure Date:	Aim: Distance Plano Monovision	on Procedure Date:		Aim: Di	stance Plano	Monovision
Primary LASIK Original RX:	20	O/ Primary LASIK	Original RX:			20/
Repeat LASIK Enhancement RX:		Repeat LASIK	Enhancement RX:			
	RIGHT EYE Post Oper	rative Exam and Commer	<u>nts</u>	LEFT EYE		
Exam Date: Day: 1 2	3 4 5 6 7 Month: 1 2 3 or:	Exam Date:	Day: 1 2 3	4 5 6 7	Month:	: 1 2 3 or:
Patient Remarks:		Patient Remarks:				
MEDs:	QID TID BID QD Q2	D Nil MEDs:			QID TID	BID QD Q2D Ni
MEDs:	QID TID BID QD Q2	D Nil MEDs:			QID TID	BID QD Q2D Ni
UCVA: 20/ Blurry	/ Glare / Double / Fluctuating Vision	n UCVA: 20/	Bluri	ry Glare	Double	Fluctuating Vision
Auto Refraction:		Auto Refraction:				
Manifest (Wet / Dry) :	20/	Manifest (Wet / [Ory) :			20/
BIOMICROSCOPY:	FLAP CONDITION:	BIOMICROSCOPY:	<u>FLA</u>	AP CONDITION:	-	
Adnexa: Normal Other:	Position excellent dislodged striae	Adnexa: Norn	nal Other: Pos	sition excell	lent dislo	odged striae
Lids/Lashes: Normal Other:	Clarity clear edema haze	Lids/Lashes: Nor		rity clear		
Conjunctiva: Normal Other:	Interface clear opacities epi ing			erface clear		
Tear Film: Normal Dry	Edges smooth rolled eroded		,	g es smoo	oth rolle	ed eroded
Anterior Chamber: Deep Quiet Othe IOP:@	er:	IOP:	Deep Quiet Other:			
			-			
Doctor's Impression: Excellent	Stable Enhancement Other:	Doctor's Impression	n: Excellent Sta	ableEnl	hancement	Other:
Treatment:		Treatment:				
Follow Up: Days W	Weeks Months With Co-managing Docto	or Follow Up:	Days Weeks	Months	☐ With Co	-managing Doctor
Follow Up with Patient GCEC Comments:	will Contact GCEC GCEC to contact pt.	Follow Up with GCEC	Patient will Co	ontact GCEC	☐GCEC to	contact Patient
Doctor Signature:				Date:		