



PRK POST-PROCEDURE NOTE

Patient Name: _____ Date of Procedure: _____ Todays Date: _____

Procedure Type: PRK Custom Conv Enhancement

Original BCVA: OD 20/ OS 20/ Target Rx: Plano Mono (OD, OS)

Pt Remarks: _____

Meds: Besivance (QID, TID, BID, QD)

FML (QID, TID, BID, QD)

Prolensa (QID, TID, BID, QD)

Dil Prop (QID, TID, BID, QD)

OD EXAM

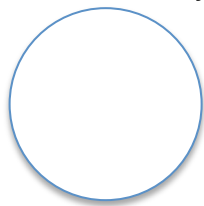
UCVA: 20/ (blurry / glare / double / fluctuates)

Auto Refraction: _____

Refraction: _____

IOP: _____

Corneal Clarity



Haze Grade

- ☐ Clear
- ☐ Tr Reticular
- ☐ Mild Reticular
- ☐ Mod Confluent
- ☐ Sev Confluent

Haze Pattern

- ☐ Diffuse
- ☐ Focal
- ☐ Arcuate

Doctor Comments: ☐ excellent ☐ stable ☐ enhancement

Treatment: _____

OS EXAM

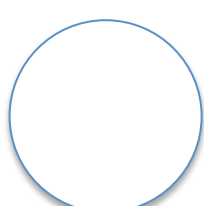
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Treatment: _____

Next Visit: 1 2 3 4 5 6 7 days / weeks / months

Physicians Signature: _____ Date: _____