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LASIK/PRK CO-MANAGEMENT POST-OP EXAM

This form is for use by a co-managing optometrist to report postoperative exam findings after LASIK or PRK. For consultation requests or cataract co-management post-op exam reporting, please use the corresponding forms. **Download all forms at www.SugarLandEye.com.**

Patient Name: _____ Date: _____

Surgery Date: _____ LASIK Blade-free LASIK PRK Enhancement Float

Postop Exam: 1 day 3-4 day 1 wk 1 mos 3 mos 1 yr Other: _____

History: Blurry Dry Flucuating Glare/Haloes Irritated Other: _____

Medications: Antibiotic (_____) ___x/d Steroid (_____) ___x/d

NSAID (_____) ___x/d Tears (_____) ___x/d

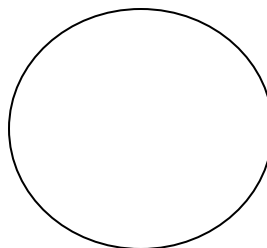
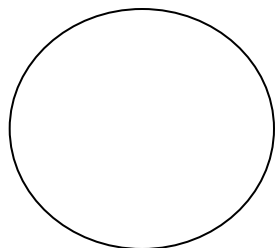
UNVA OU: Distance 20/____ Near 20/____

RIGHT: UNVA= 20/____

LEFT: UNVA= 20/____

Manif: _____ X _____ =20/____ _____ X _____ =20/____

Cyclo: _____ X _____ =20/____ _____ X _____ =20/____



Epi Defect 1+ 2+ 3+ 4+
SPK 1+ 2+ 3+ 4+
Edema 1+ 2+ 3+ 4+
Stria 1+ 2+ 3+ 4+
Infiltrate 1+ 2+ 3+ 4+
DLK 1+ 2+ 3+ 4+

1+ 2+ 3+ 4+
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Assessment/Plan: _____

Dr: _____ MD/OD Phone: _____

Please fax to 281-240-0479

LASIK SPECIALISTS – DISEASES & SURGERY – ADULT & PEDIATRIC

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