

Thank you for sharing the following details of your exam findings.

Patient's Name _____

Date of Birth _____

Date of Surgery _____

Examining Doctor _____

Date of Exam _____

EXAM INTERVAL

- ☐ 1 Day Refraction is not needed, but all other pertinent findings are helpful.
- ☐ 1 Week Your 1 week details on the first eye help us plan and optimize the refractive outcome on the second eye.
- ☐ 4-6 Week Your 4 to 6 week findings help our surgeons improve treatment outcomes.

RIGHT EYE

Uncorrected VA 20/ _____

Refraction _____ - _____ x _____ 20/ _____

LEFT EYE

Uncorrected VA 20/ _____

Refraction _____ - _____ x _____ 20/ _____

How do you rate this patient's satisfaction and refractive outcome?

- ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

Comments and pertinent findings _____

KINDLY FAX TO PCLI

- ☐ Anchorage, AK 907.272.2428
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