

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 _____

Surgery ☐ LASIK ☐ PRK

RECOMMENDED EXAM INTERVALS

Unless more care is needed, our recommended intervals for LASIK and PRK post-op exams are approximately 1-day, 1-week, and 1-month. Then 3-6 months for PRK only.

EXAM FINDINGS REQUESTED

Please send us your findings for these exams:

☐ 1 Month – for LASIK

☐ 3-6 Months – for PRK

RIGHT EYE

Uncorrected VA 20/ _____

Manifest Refraction _____ - _____ x _____ 20/ _____

LEFT EYE

Uncorrected VA 20/ _____

Manifest 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

Refractive Surgery

Counseling fax 360.807.7689

ENHANCEMENT AGREEMENT

Please note that your patient's lifetime enhancement agreement depends on:

- Them receiving full and proper follow-up care.
- Us receiving your 1 month findings for LASIK, and 3-6 month findings for PRK.
- Them having annual eye exams.

QUESTIONS

Call our Refractive Surgery Counselors at 800.884.7254