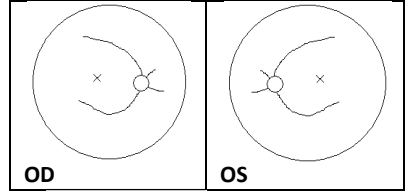


| | | | | | | | | | | | | | |
|------------------|----|-----|-----|------|-----|-------|------|---|---|------------------|------|----------|-------|
| | PD | SPH | CYL | AXIS | ADD | PRISM | BASE | W | H | FRAME MFR/ MODEL | SIZE | LENS MAT | OTHER |
| Age of Rx yr (s) | | R | | | | | | | | | | | |
| | | L | | | | | | | | | | | |

GENDER M / F AGE _____ RACE A B C H O LAST EYE EXAM ____/____/____

SUBJECTIVE: CC: _____

OCULAR Hx: Diseases: Glaucoma / DR / ARMD / HR Other: _____
 Surgeries: CAT / Lasik / RK / Strab / Other: _____
 Injuries: _____



Health Hx: Duration Medication(s) Dosage (s) Frequency
 Diabetes: _____
 Allergies: _____
 Cholesterols: _____
 Allergies: _____
 Heart: _____
 Others: _____

Objective: V_{sC} 6m < V_{cC} 6m < V_{sC} 40cm < V_{cC} 40cm <

Versions: +1 +2 +3 +4 Smooth _____ Accurate _____ Fixation Loss _____ Heidelberg Edge Perimeter (HEP) OS OS

C.T.: _____ ^ XT ET XP EP O (@6m): _____ ^ XT ET XP EP O (@40cm): _____

Pupils: _____ mm Equal + Round +1 +2 +3 +4 D & C APD: NO / Yes

Retinoscopy: R) _____ X _____ 20 / _____ Subjective: R) _____ X _____ 20 / _____ OU) 20 / _____ Add: R) _____

Retinoscopy: L) _____ X _____ 20 / _____ Subjective: L) _____ X _____ 20 / _____ Add: L) _____

Phoria: (6m): XP EP _____ ^ _____ / _____ / _____ (40cm): XP EP _____ ^ _____ / _____ / _____ Near VA: R) 20 / _____

Accom. Amp: R _____ L _____ Dilation Performed: Yes _____ No _____ Near VA: L) 20 / _____

| | | | | | | | | | |
|--------------------|---------------------|----|----|----|-----------------------|----|-------|----|-------|
| Biomicroscopy: L/L | Neg | OD | OS | OU | Ophthalmoscopy: Media | R) | _____ | L) | _____ |
| C/S | Neg | OD | OS | OU | C/D | R) | _____ | L) | _____ |
| Cornea | Clear | OD | OS | OU | OPTOMAP® | R) | _____ | L) | _____ |
| A/C | No Cells / No Flare | OD | OS | OU | Ultra -WideField | R) | _____ | L) | _____ |
| Iris: | Neg / Brown | OD | OS | OU | Retinal Imaging | R) | _____ | L) | _____ |
| Iris: | _____ | OD | OS | OU | FR | R) | _____ | L) | _____ |
| Lens: | Clear | OD | OS | OU | Macula | R) | _____ | L) | _____ |
| Vitreous: | Clear | OD | OS | OU | Periphery | R) | _____ | L) | _____ |
| Corneal Arcus | +1 +2 +3 +4 | OD | OS | OU | | | | | |

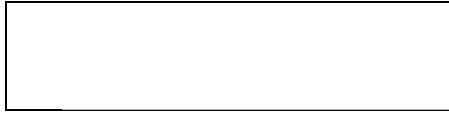
K- Readings: R) _____ X _____ D: 0 +1 +2 +3 +4 K- Readings: L) _____ X _____ D: 0 +1 +2 +3 +4

Tonometry: NCT R) _____ / _____ Time: _____ AM / PM Goldman: R) _____ / _____ Time: _____ AM / PM
 L) _____ / _____ L) _____ / _____

CL: _____

Dx: _____

Tx: _____



PCP Communication Completed / Planned: Yes No Reason: _____

Final Rx: R) _____ Add _____ Lens Recommendations: _____

L) _____ Add _____ Dr.'s Signature: _____

Masuda, Harold, OD. License # 8538T / DEA #MM1078193

RTO: _____ Day (s) _____ Week (s) _____ Month (s) _____ Reason: AEX F/U RX Check IOP Visual Fields OPTOMAP Other: _____

