Staple Auto-refractor tape Here	Staple Air Puff Tape Here	Name:
		CASE HISTORY Drug Allergies: Y / N Drug Allergies: Y / N Diabetes: Y / N
Cobb's Printing, LLC - (909) 795-2318	OK to dilate [] <25% gonio 1st	# / - Pregnant • + / - Nursing RIOR SEGMENT
Eye Chart (M) Rev. 1/19/15 -	EOMS: stability of fixation-midline position-pursuits- [] Above items WNL-OU, unless specified otherwise CT @ FAR	saccades-signs of anomalous innervation(retraction/elevation/constriction)-NPC" R V @ AM PM
Grio O'cossing use O'cossing u	C/D	GONIOSCOPY PRE-DILATION GONIOSCOPY AM PM PM SS CBB SL TM SS CBB POST-DILATION SS CBB AM PM SS CBB AM SS CBB SL TM SS CBB SS CBB SS CBB SS CBB SS CBB
Bio Volk-NG G-3m SI Don't rub eyes for 20 SLE POST-WNL/ABRA SC 20/ RX PTS PD: OC's A	minutes []	[] SLE POST-WNL/ABRASION/SPK [] [] SLE POST-WNL/ABRASION/SPK [] Tray locations for possible prescriptions
RETINOSCOPY		RX: [] Glasses received today [] Glasses not received today
Medical Needs Station [] R/O latent Hyperopia [] angles narrow - LPI? [] assess diabetic retinopathy [] trial frame for add/readers/no rx question [] glaucoma/glaucoma suspect? [] unable to get an adequate view of fundus [] subjective C/O ≠ objective findings [] patient unable to see with recycled eyeglasses [] R/O diabetic retinopathy [] flashes & floaters [] AR findings variable [] assess dry AMD [] R/O wet AMD []		Not a valid optical prescription REFERRAL/CONSULTATION []- CATARACT SURGERY OD OS []- GLAUCOMA/SUSPECT OD OS []- PTERYGIUM EXCISION OD OS []- KERATOCONUS: CL FIT/KERATOPLASTY OD OS []- PROLIFERATIVE DIABETIC RETINOPATHY OD OS
Medical Needs Suggested Procedu (NOTE: DILATION/CYCLOPLEGIA DONE [] SLE, ∠'s-Dilate [] Dilate, ∠'s open by SI [] dry retinoscopy [] wet AR X 15-20 min [] [] cycloplegic AR X 15-20 min [] cyclopleg [] gonioscopy [] DFE [] 60/90/Contact Fun	E ONLY IF ANGLES ARE OPEN) nadow Test wet retinoscopy X 15-20 min ic retinoscopy X 15-20 min	[]- FROEI ENAMED BIABLE IN RETINAL DIADET MACULOPATHY OD OS []- RETINAL DETACHMENT/BREAK OD OS []- LASER PERIPHERAL IRIDOTOMY OD OS []- SECONDARY CATARACT (YAG) OD OS []- STRABISMUS OD OS []- []- []- []- []- [] [] RIGHT EYE IMPORTANT [] LEFT EYE IMPORTANT [] DILATION SHADES [] BRING OLD RX B4 FILING NEW RX. RETURN TODAY OR NEXT SCREENING [] BEST CORRECTABLE VISION POOR, NO SURGERY YET
[] Rx to be made, dry retinoscopy to confii [] Goldman Tonometry [] Amsler Grid/Phot [] [] []	rm Rx [] DFE with SI to Stress Test	BEST CORRECTABLE VISION POOR, NO SURGERY TET BEST CORRECTABLE VISION POOR, NO TREATMENT POSSIBLE DO NOT MAKE RX, CHECK STOCK AT RECYCLE CENTERS MAKE RX, USE ENCLOSED FRAME FOR JOB MAKE RX, USE ENCLOSED FRAME AS SIZER FOR JOB NO RECYCLED EYEGLASS MATCH, PT HAS HABITUAL RX RX SMALL, +/- EXPLAINED TO PT, PT WANTS TO TRY FOR RX PATIENT DID NOT RETURN FOR RECYCLED EYE GLASSES