

<b>NEW</b>	CHIEF COMPLAINT / PHYSICIAN RECOMMENDED RETURN FOR:
<b>EST</b>	_____
<b>CEE</b>	* OCULAR HX: _____
<b>OVT</b>	_____
<b>F/U</b>	_____

NEW ALLERGIES: _____ <input type="checkbox"/> NKDA
HPI (timing, location, quality, severity, associated findings)

**TECHNICIAN**

**EYE MEDS**

	VA	PH	$\Delta$	SPH	CYL	AXIS	ADD = J	
OD 20/								
OS 20/								
OD 20/								COMPLIANCE: GOOD / FAIR / POOR
OS 20/								<b>T</b>
OD 20/								<b>PAM</b> <b>BAT</b>
OS 20/								OD 20/      OD 20/
	<b>VA</b>	<b>BC</b>	<b>DIAM</b>	<b>POWER</b>	<b>OVER - RFX = VA</b>			OS 20/      OS 20/
OD 20/								Dilation      - OD
OS 20/								M N C      - OS

**CONTACT LENS BRAND:**

**K**

**DECISION MAKING:** \_\_\_\_\_

**DIAGNOSIS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TREATMENT PLAN:** The nature and severity of the findings were discussed. Further work-up and recommendations as follows:

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

PCP: \_\_\_\_\_

**RETURN APPT:** \_\_\_\_\_  DAY  WK  MO  YR

**TYPE OF RETURN APPT:** \_\_\_\_\_



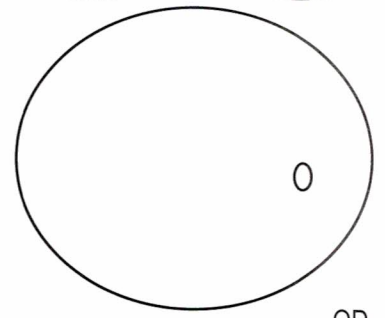
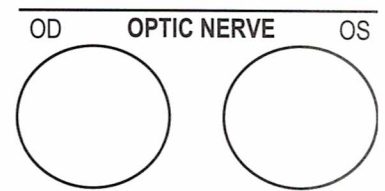
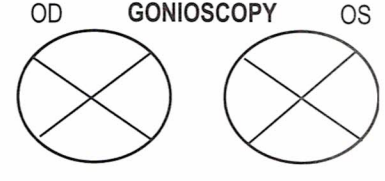
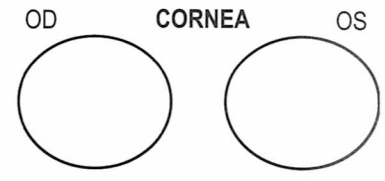
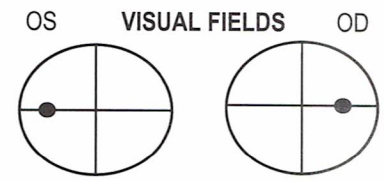
**Tomoka Eye Associates**

PC - 386-586-3711  
 OB - 386-672-4244  
 PO - 386-767-0053

The above was recorded in the presence of the physician \_\_\_\_\_

	STABLE	OD WNL	OD ABN	OS WNL	OS ABN	COMMENTS																					
VISUAL FIELDS																											
MOTILITY																											
PUPILS						OD _____ mm OS _____ mm    APD? _____    BL / BR / M																					
ADNEXA																											
CONJUNCTIVA																											
SLE CORNEA																											
SLE AC																											
SLE LENS						<table border="1"> <thead> <tr> <th></th> <th>PEX</th> <th>NS</th> <th>CC</th> <th>PSC</th> <th>CAP</th> <th>IOL</th> </tr> </thead> <tbody> <tr> <td>OD</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		PEX	NS	CC	PSC	CAP	IOL	OD							OS						
		PEX	NS	CC	PSC	CAP	IOL																				
OD																											
OS																											
OPHTHALMOSCOPY	VITREOUS																										
	OPTIC DISC																										
	MACULA																										
	VESSELS																										
	PERIPHERY																										

Direct   
 20 D   
 90 D   
 3 - 4 Mirror   
 Undilated

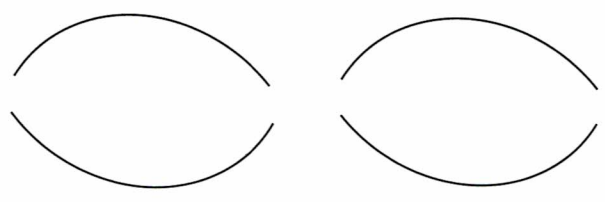


OD  
RETINA  
OS

	OD	OS
Levator		
1 Gaze		
MRD		
Schirmer		
Hertel		

OD      OS

**EXTERNAL**



**MEDICATIONS:**     ENTERED IN EMR     NONE

**UPDATED MEDICAL HISTORY:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALERT & ORIENTED OR** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TECHNICIAN:** \_\_\_\_\_