



The Eye Center of Fort Wayne

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ADVANCED SURFACE ABLATION POST-OPERATIVE REPORT

Patient Name _____ Date _____

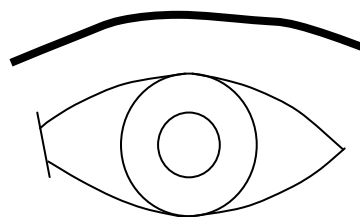
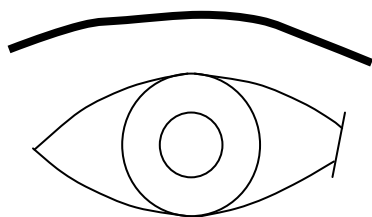
Surgery Eye: OD Date _____ Procedure _____ Surgeon _____

OS Date _____ Procedure _____ Surgeon _____

Post-op Exam: Week - 1 2 3 Month - 1 2 3 4 5 6 12

Preoperative Rx: OD _____ Refractive Goal: OD - Plano - Mono

OS _____ OS - Plano - Mono



VA without Correction

OD Distance _____ Near _____

OS Distance _____ Near _____

Refraction

OD _____ 20/

OS _____ 20/

Keratometry:

OD _____

OS _____

IOP: (after one week)

OD _____

OS _____

Slit Lamp:

OD _____

OS _____

1. Medications: _____

2. Comments: _____

3. Follow-up date _____

with Dr. _____

Signature of examining doctor X _____