

OPTYCO LIMITED

NAME Sarah Hanson

DATE: 04/08/22

HISTORY/EXPECTATIONS

Love twinkles / 12 months / CLS / glasses /

POH

Contacts annoying

RIGHT

LEFT

ln ORBITS
ln LIDS
ln CONJUNCTIVA
ln CORNEA
Quick AC
ln PUPILS
ln LENS
VITREOUS
Q30 DISC
ln MACUAR
ln RETINA/PERIPHERY
ln OCULAR DOMINANCE

As for right

Statement checklist

☒ Reading glasses statement _____

☒ Complications statement _____

☒ Regression statement _____

☒ Surgeon decision final _____

DIAGNOSIS A2790

RECOMMENDATIONS _____

APPOINTMENT DATE AT OPTYCO _____

SIGNATURE _____

PRACTICE ADDRESS _____

	RIGHT	BINOCULAR	LEFT
UCDVA	6/48	6/48	6/48
UCNVA	N 5	N 5	N 5
GLASSES	325, 075 x 172	/ x	300, 075 x 180
MANIFEST	350, 075 x 12	/ x	325, 075 x 22
CYCLOPLEGIC	350, 075 x 12	/ x	325, 075 x 22
BCDVA	6/6	6/5 ²	6/6
BCNVA	N 5	N 5	N 5
DCNVA	N	N	N
A of A	D	D	D
KERATOMETRY	D@ D@	D@ D@	D@ D@
PACHYMETRY	μm	μm	μm
CELL COUNT			
W-W	mm		mm
Tonometry Method			

☐ Topography☐ Pupilometry☐ Wavefront☐ Biometry☐ Contrast Sensitivity☐ Pupil reactions

Patient Consent: I agree that the any information relevant to my eye condition and it's treatment is available to the Optometrist and Ophthalmologist I am referred to

Patient's Signature:

Date:

SIGNATURE

PRACTICE ADDRESS