

NAME _____ TELEPHONE ^{Hm} _____ AGE _____ SEX _____ DATE _____
 _____ Wk _____
 ADDRESS _____ OCCUPATION _____
 CITY _____ STATE _____ ZIP _____
 COMPLAINT _____ DATE OF BIRTH _____
 HISTORY _____ SSN # _____
 PEH _____ MEDICATIONS _____
 PMH _____
 FEH _____
 FMH _____

ENTRANCE TESTS

UNAIDED OD 20/ _____ DIST OS 20/ _____ VA OU 20/ _____	UNAIDED OD 20/ _____ NEAR OS 20/ _____ VA OU 20/ _____	PINHOLE VA OD 20/ _____ OS 20/ _____	CURRENT Rx OD _____ 20 OS _____ 20	TINT _____ ADD _____ BIFOCAL _____
PUPILS _____	COVER _____	NPC _____ PD _____	TON _____ TIME _____ OD _____ OS _____ INST _____	KER OD _____ OS _____
COLOR VISION OD WNL OS WNL	STEREO WNL FUSION WNL	EOM WNL MOTILITY WNL	BP _____	FIELD CONFRONTATION WNL AMSLER WNL SCREEN PERIMETRY WNL

REFRACTION

RETINO OD _____ 20/ OR _____ 20/ AUTOREFR OS _____ 20/	DIST SUBJ (BVA) OD _____ 20/ OS _____ 20/		
NEAR OD _____ 20/ SUBJ OS _____ 20/	GRADIENT _____	PRA _____ NRA _____	ASSOC PHORIA LAT _____ VERT _____

PHOROMETRY

DIST PHOR LAT _____ VERT _____	DIST DUCT LAT _____ VERT _____	NEAR PHOR LAT _____ VERT _____	NEAR PHOR LAT _____ VERT _____
CONV NPC _____ FAC _____	ACC AMP _____ FAC _____	MON X OD _____ 20/ CYL OS _____ 20/	BIN X CYL 20/ NEAR RET

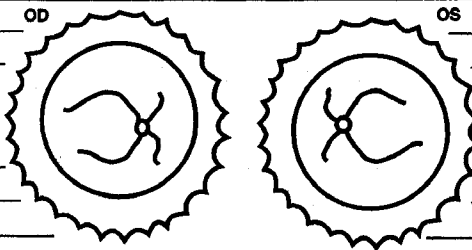
EXTERNAL: (BIOMICROSCOPY)

ANGLE EST				
OD	1	2	3	4
OS	1	2	3	4



INTERNAL: (OPHTHALMOSCOPY)

- TEARS OD OS _____ WNL WNL
- LIDS/LASHES WNL WNL
- CORNEA WNL WNL
- PAL CONJ WNL WNL
- BULB CONJ WNL WNL
- ANT CHMB WNL WNL
- LENS WNL WNL
- IRIS WNL WNL
- ANT VIT WNL WNL



DO
BIO
MIO

- OD OS _____ C/D
- WNL WNL DISC MARGINS
- WNL WNL MACULA
- WNL WNL VESSELS
- WNL WNL BACKGROUND
- WNL WNL MEDIA
- WNL WNL VITREOUS
- WNL WNL PERIPH RET (BIO-DILATED)

ASSESSMENT

DPA

TPA Rx'd

PLAN

Rx	Sphere	Cyl	Axis	Prism	Base	Add	VA
OD							
OS							

NEXT APPOINTMENT

SIGNED: _____

Insurance: _____

Pynt: _____