Postoperative Assessment Form for Laser Vision Correction

Wellington Eye Centre

Patient details:

Full name		Date of birth	
Contact phone		Date of surgery	
Address		Date of this examination	
		Visit (eg; 1 week, 1 / 3 /6 month)	

Patient satisfaction scale (0 = very unhappy, 10 = very happy)

Patient's comments or concerns:

Examining optometrist's concerns or questions for Wellington Eye Centre:

Clinical Examination

	OU distance	OU near	Right Eye	Left Eye
ACUITY & REFRACTION				
Uncorrected acuity				
Distance Refraction				
Best Corrected Acuity				
CORNEAL & CONJUNCTIVAL APPEARANCE				
Corneal epithelium intact? SPK?				
Corneal epithelium clear / regular?				
Any stromal haze or scarring?				
Tear Break Up Time				

VISUAL PERFORMANCE

Any monocular diplopia?			
Any night vision issues?			

OCCULAR COMFORT

Dry or gritty eyes			
Catching sensation on waking?			

Every laser vision correction patient has had a dilated retinal examination with Dr Logan within 12 months of their surgery. We do not need posterior ocular health assessments, unless you find unexplained reduced best corrected vision. We do not require retinal photographs, posterior OCT or topography unless indicated. If you would like more clinical information, eg IOPs or Posterior findings, please email info@wefixeyes.co.nz

Examining optometrist's advice to patient (any changes to eye drops, next review):

Reporting Optometrist's details:

Name:

Practice Name:

Email address:

Please return this form by email, post if email is not possible.

info@wefixeyes.co.nz

Wellington Eye Centre
Level 4, 148 Cuba Street
Wellington, 6011

Thank you for your care of our mutual patient. If you have any questions, please don't hesitate contact us on **0800 733 327**