

LASIK / PRK WORKSHEET

Last name: _____ First: _____ Middle: _____

SSN: _____ Program: _____ DOB: _____

AGE: _____ Date: _____

History of Keratorefractive surgery is **DISQUALIFYING**. A waiver must be recommended.

Applicant must meet accession standards prior to surgery.

- For **PLC**, standards are refractive error are: no worse than **+/- 6.00 diopters** sphere or **+/- 3.00 diopters** cylinder.
- For **OCC**, standards are refractive error are: no worse than **+/- 8.00 diopters** sphere or **+/- 4.00 diopters** cylinder.

Ensure all appropriate documentation is enclosed when forwarding case.

- Copy of pre-operative eval
- Copy of operative note for each eye treated
- Copies of all post-operative eye notes including manifest refractions at required intervals (**1 month & 3 month timeframes**)

	OD			OS		
	sph	cyl	axis	sph	cyl	axis
Pre-operative manifest refraction date: _____	_____	_____	_____	_____	_____	_____
Post-operative manifest refraction #1 date: _____	_____	_____	_____	_____	_____	_____
Post-operative manifest refraction #2 date: _____	_____	_____	_____	_____	_____	_____
Final uncorrected distant visual acuity:	20/ _____			20/ _____		
Final best corrected distant visual acuity:	20/ _____			20/ _____		