

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_  
Suite Street City/Province Postal Code

Tel. Home: ( ) \_\_\_\_\_ Tel. Work: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: YY / MM / DD Age: \_\_\_\_\_ Evaluation Date: YY / MM / DD

Assessment	OD	OS
<b>UCVA</b>	_____ M at _____ cm 20/_____	_____ M at _____ cm 20/_____
	<b>Sphere</b> <b>CyL</b> <b>Axis</b> <b>Add</b> <b>BSCVA</b>	<b>Sphere</b> <b>CyL</b> <b>Axis</b> <b>Add</b> <b>BSCVA</b>
<b>Rx Glasses</b>	_____ 20/_____	_____ 20/_____
<b>Rx CL</b>	_____ 20/_____	_____ 20/_____
<b>Rx A-R</b>	_____ 20/_____	_____ 20/_____
<b>Rx Manifest</b>	_____ 20/_____	_____ 20/_____
<b>Rx Cyclo</b>	_____ 20/_____	_____ 20/_____
<b>K-readings</b>	_____ @ _____ x _____ @ _____	_____ @ _____ x _____ @ _____
<b>IOP (at _____)</b>	_____ mmHg <b>Pach (Central)</b> _____ microns	_____ mmHg <b>Pach (Central)</b> _____ microns
<b>Tear Film</b>	<input type="checkbox"/> Within normal limits <input type="checkbox"/> Peculiarity: _____	<input type="checkbox"/> Within normal limits <input type="checkbox"/> Peculiarity: _____
<b>Cornea</b>	<input type="checkbox"/> Within normal limits <input type="checkbox"/> Peculiarity: _____	<input type="checkbox"/> Within normal limits <input type="checkbox"/> Peculiarity: _____
<b>Lens</b>	<input type="checkbox"/> Within normal limits <input type="checkbox"/> Cataract <input type="checkbox"/> Peculiarity: _____	<input type="checkbox"/> Within normal limits <input type="checkbox"/> Cataract <input type="checkbox"/> Peculiarity: _____
<b>Retina</b>	<input type="checkbox"/> Within normal limits <input type="checkbox"/> Peculiarity: _____	<input type="checkbox"/> Within normal limits <input type="checkbox"/> Peculiarity: _____
<b>Visual Field</b>	<input type="checkbox"/> Full <input type="checkbox"/> Peculiarity: _____	<input type="checkbox"/> Full <input type="checkbox"/> Peculiarity: _____
<b>Supplement</b>		<b>Discussion</b>
<b>CL wear</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Last worn: _____ <input type="checkbox"/> Soft <b>Correction:</b> <input type="checkbox"/> DV both eyes <input type="checkbox"/> Gas permeable <input type="checkbox"/> Monovision <input type="checkbox"/> Multifocal	<input type="checkbox"/> LASIK <input type="checkbox"/> Surface ablation <input type="checkbox"/> DV both eyes <input type="checkbox"/> Presby-laser <input type="checkbox"/> Monovision
<b>Scot. pupil diam.</b>	<input type="checkbox"/> Small (less than 3.0mm) <input type="checkbox"/> Medium (between 3.5mm and 6.00mm) <input type="checkbox"/> Large (more than 6.5mm)	<input type="checkbox"/> Phakic IOL <input type="checkbox"/> Lens exchange
<b>Binocular vision</b>	<input type="checkbox"/> Within normal limits <input type="checkbox"/> Amblyopia <input type="checkbox"/> Strabismus <input type="checkbox"/> Rx Prism	<input type="checkbox"/> DV both eyes <input type="checkbox"/> Toric IOL <input type="checkbox"/> Monovision <input type="checkbox"/> Multifocal IOL
<b>Dominant eye</b>	<input type="checkbox"/> OD <input type="checkbox"/> OS	<b>Comments:</b>
<input type="checkbox"/> The patient will communicate with the IOC <input type="checkbox"/> Please contact the patient after YY / MM / DD <input type="checkbox"/> Please contact me before contacting the patient <input type="checkbox"/> The patient is interested in travel packages <input type="checkbox"/> An appointment has been booked for a pre-op evaluation at IOC YY / MM / DD <input type="checkbox"/> An appointment has been booked for the surgery YY / MM / DD <b>Patient signature:</b> _____		

Optometrist: \_\_\_\_\_ License #: \_\_\_\_\_ Signature: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

## Comanagement: Pre-operative

Have you thought to inform your patient?



### The assessment takes approximately 2 hours:

- Alternate transportation should be arranged (driver) and/or bring sunglasses along as pupils will be dilated;
- Provide a list of current medications;
- Remove contact lenses;
  - Soft lenses:
    - spheric and daily wear: 7 days minimum;
    - toric and/or extended wear: 14 days minimum;
  - Rigid gas permeables (RGP):
    - 4 weeks per 10 years of wear.



### For patients aged 40 and over:

- Explain the effects of presbyopia;
- Talk about alternative forms of correction:
  - distance vision in both eyes;
  - presby-laser treatment;
  - multifocal and accommodative IOLs;
- Consider a contact lens trial in your office.



### Amblyopia and strabismus:

- Vision at least 20/40 (amblyopic eye) is required for refractive surgery.



### Intraocular surgery:

- Generally, both eyes are operated by one week intervals;
- Some intraocular lenses require a delay in delivery of 1 to 8 weeks (torics, multifocals/accomodatives and phakics).



**Decision to perform a surgery is always at the discretion of the IRIS Ophthalmology Clinic's surgeon.**

