



MONSON VISION

810 S 100 W Ste A Logan, Utah 84321

435.787.7200 | www.monsonvision.com

PRE-PROCEDURE REPORT

Patient: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M F

Referring Dr: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Patient's Expectation: Unreasonably High High Reasonable Low Unknown

CC: \_\_\_\_\_

POH: \_\_\_\_\_

CL Hx: Type: RGP SDW SEW Other: \_\_\_\_\_ Date Last Worn: \_\_\_\_\_

PMH: \_\_\_\_\_

MEDS: \_\_\_\_\_

F/SH: Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Table with columns: SPH, CYL, AXIS, ADD, Vcc, Vcc OU, Vsc, Vsc OU, Vsc Near, Vcc Near, PUPILS, etc.

Slit Lamp Examination:

OD - Lids, Conj, Cornea, A/C, Lens All normal except as noted OS - Lids, Conj, Cornea, A/C, Lens All normal except as noted NOTED:

Internal Examination:

OD - Vitreous, ON, Vessels, Retina All normal except as noted OS - Vitreous, ON, Vessels, Retina All normal except as noted NOTED:

ASSESS: \_\_\_\_\_

PLAN: \_\_\_\_\_

PROCEDURE: LASIK PRK SMILE Kamra RLE Cataract

REFRACTIVE AIM: OD \_\_\_\_\_ OS \_\_\_\_\_ MONO: Yes No Distance Eye: OD OS

PROCEDURE DATE: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_

POST-PROCEDURE CARE: Primary Doctor: \_\_\_\_\_

Patient has received and understands the following:

- Information Manual Informed Consent Post-Procedure Care / Fees

Dr: \_\_\_\_\_ (signed)

Please send to Monson Vision at ashley@monsonvision.com or 435.787.7203 (F)

Faxed Emailed MV on (date) \_\_\_\_\_ by (init.) \_\_\_\_\_