RE: VISION ROY RUBINFELD MD

PHONE
301.908.8091

FAX
866.908.8313

MAILING ADDRESS
11200 Rockville Pike, Suite 150
Rockville, MD 20852

LOCATIONS
Rockville
11200 Rockville Pike, Suite 150
Rockville, MD 20852

Fairfax
8316 Arlington Blvd., Suite 235
Fairfax, VA 22031

revisionrubinfeld.com

Patient Name: _____ DOB: _____

Surgery Date: _____ Exam Date: _____

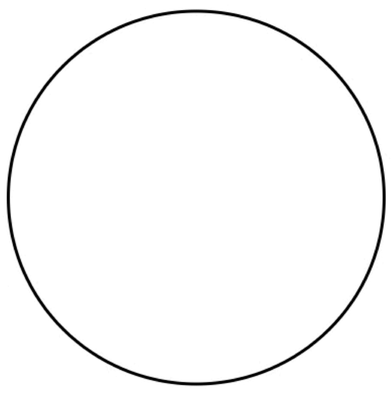
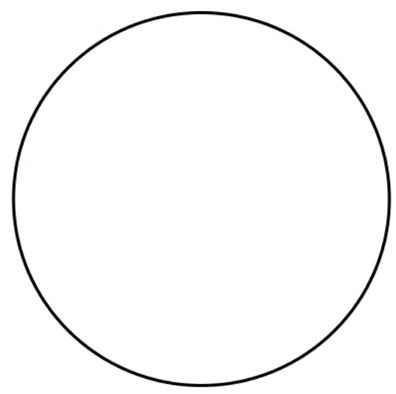
Procedure:
- ☐ LASIK
- ☐ LASIK + CXL
- ☐ LASIK ENHANCEMENT
- ☐ PRK
- ☐ PRK + CXL
- ☐ PRK ENHANCEMENT
- ☐ OTHER: _____

PreOp Refraction:
OD _____ - _____ x _____ _____ /_____
OS _____ - _____ x _____ _____ /_____

VA | sc:
OD _____ /_____
OS _____ /_____

MRFx:
OD _____ - _____ x _____ _____ /_____
OS _____ - _____ x _____ _____ /_____

SLX:

OD		OS
	CLEAR PUNCTATE STAINING EDEMA HAZE MICROSTRIAE EPITHELIAL INGROWTH DEBRIS A/C OTHER	

Ocular Medications / Frequency: Polytrim: _____ Pred Forte: _____

AT's: _____ Omega 3 Capsules: _____ Other: _____

Plan:
- ☐ Continue meds as instructed
- ☐ Other: _____

Follow Up: in _____ days / weeks / months

Co-managing Doctor: _____

Address: _____

Phone: _____ Fax: _____

Co-manger's email: _____

PLEASE FAX ALL POST-OP FORMS TO DR. RUBINFELD AT 866–908-8313