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LOCATIONS
Rockville
11200 Rockville Pike, Suite 150

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8316 Arlington Blvd., Suite 235
Fairfax, VA 22031

LASIK / PRK TREATMENT SHEET

Please FAX this complete form at least 1 week prior to surgery or consult/pre-op testing to: 866-908-8313

Name: _____ DOB: _____
 Email: _____ Age: _____
 Phone: _____ Sex: M / F
 Co-Managing Doctor: _____ Referred By: _____

Date of Exam: _____
 Examiner: _____
 Last Eye Exam: _____
 Last DFE: _____

Dominant Eye: R / L (circle one)		Antibiotic Rx Given: Y / N		Allergies:	
Pupil Size	Pachs (Pentacam/U/S)	IOP	Monoision Y / N :	Desired Postop Result	Enhancement of: _____
OD _____ mm	OD _____	_____ mm Hg	OD near / distance	OD _____ Sph	Original proc: _____
OS _____ mm	OS _____	_____ mm Hg	OS near / distance	OS _____ Sph	MK Used: _____
Date: _____					
Notes:					

Refraction Pentacam Mono? Pathfinder

WAVELIGHT / VISX S4 / CUSTOM VISX

OD	K1	K2	Steep K Axis
Vasc: 20/ _____ Age of Current Rx _____ yrs.			
	Sphere	Cylinder	Axis VA
Wearing			
Manifest			
RFX - Cyl			
Desired Post-op <u>Refractive Result</u> for OD: _____ Sph			

Date: _____ **Time:** _____

OD	Pachs:	Pre-Tx _____	Post-Tx _____
	Sphere	Cylinder	AXIS
	[]	[]	[]
Card # _____		BCL Inserted	
FS: Optical Zone: _____		Side-cut Angle: _____	
Flap thickness: _____			
Moria: _____ / _____			
Gtts administered: Proparacaine Vigamox Acular Inf.F 1% Neo 2.5%			
Procedure: LASIK / PRK / Enhancement: Lift flap / stretch / remove cells			

OS	K1	K2	Steep K Axis
Vasc: 20/ _____ Age of Current Rx _____ yrs.			
	Sphere	Cylinder	Axis VA
Wearing			
Manifest			
RFX - Cyl			
Desired Post-op <u>Refractive Result</u> for OS: _____ Sph			

OS	Pachs:	Pre-Tx _____	Post-Tx _____
	Sphere	Cylinder	AXIS
	[]	[]	[]
Card # _____		BCL Inserted	
FS: Optical Zone: _____		Side-cut Angle: _____	
Flap thickness: _____			
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Gtts administered: Proparacaine Vigamox Acular Inf.F 1% Neo 2.5%			
Procedure: LASIK / PRK / Enhancement: Lift flap / stretch / remove cells			

Flap Check @ _____ AM PM By _____ **SURGEON:** _____ **DATE:** _____
 TEMP: _____ °F HUM: _____ % Technician _____ **SEDATIVE:** Ativan _____ mg(s) TIME: _____ AM PM