



ADELAIDE
EYE & LASER
CENTRE

A CLEARER BRIGHTER FUTURE

MEDICAL - IN - CONFIDENCE

REFRACTIVE

POST OPERATIVE DATA FORM

Assessment Date: / /

PATIENT DETAILS

Name: DOB:

Address:

Suburb: State: Postcode: Telephone:

PATIENT HISTORY / SYMPTOMS

EXAMINATION DATA

	RIGHT EYE	LEFT EYE
VAsc / VAcc		
Refraction		
Keratometry K1		
Keratometry K2		
Corneal Haze		
IOP		
Other findings		

General comments

PRACTITIONER DETAILS

Date:

Signed:

Please post or fax to Adelaide Eye & Laser Centre, 215 Greenhill Road, EASTWOOD SA 5063 Ph: 8274 7000 Fax: 8274 7099