

AMJAD P. KHOKHAR, M.D.

Comprehensive Ophthalmologist
Refractive Surgeon
Board Certified
Fellow, American Academy of Ophthalmology



HOUSTON
LASIK & EYE

LASIK/PRK CO-MANAGEMENT POST-OP EXAM

This form is for use by a co-managing optometrist to report postoperative exam findings after LASIK or PRK. For consultation requests or cataract co-management post-op exam reporting, please use the corresponding forms.

Patient Name: _____ Date: _____

Surgery Date: _____ LASIK Blade-free LASIK PRK Enhancement Float

Post-op Exam: 1 day 3-4 day 1 wk 1 mo 3 mo 1 yr Other: _____

History: Blurry Dry Fluctuating Glare/Haloes Irritated Other: _____

Medications: Antibiotic (_____) ___x/d Steroid (_____) ___x/d

NSAID (_____) ___x/d Tears (_____) ___x/d

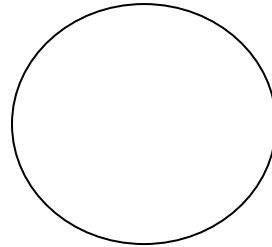
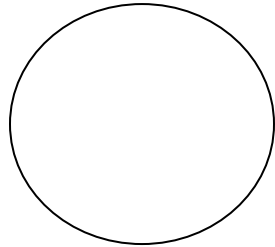
UNVA OU: Distance 20/____ Near 20/____

RIGHT: UNVA= 20/____

LEFT: UNVA= 20/____

Manif: _____ X _____ =20/____ _____ X _____ =20/____

Cyclo: _____ X _____ =20/____ _____ X _____ =20/____



Epi Defect 1+ 2+ 3+ 4+

SPK 1+ 2+ 3+ 4+

Edema 1+ 2+ 3+ 4+

Stria 1+ 2+ 3+ 4+

Infiltrate 1+ 2+ 3+ 4+

DLK 1+ 2+ 3+ 4+

1+ 2+ 3+ 4+

1+ 2+ 3+ 4+

1+ 2+ 3+ 4+

1+ 2+ 3+ 4+

1+ 2+ 3+ 4+

1+ 2+ 3+ 4+

Assessment/Plan: _____

Dr: _____ MD/OD Phone: _____

LASIK SPECIALISTS – DISEASES & SURGERY – ADULT & PEDIATRIC

Houston: 7737 Southwest Freeway • Suite 350 • Houston, Texas 77074

Sugar Land: 736 Highway 6 • Suite 101 • Sugar Land, Texas 77478

Pearland: 10015 Broadway • Suite E • Pearland, Texas 77584

www.Houston-lasik.com • info@houston-lasik.com

281-240-0478 Phone • 281-240-0479 Fax

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Please fax to 281-240-0479

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