

# AMJAD P. KHOKHAR, M.D.

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## LASIK CONSULTATION REQUEST

This form is for use by an optometrist referring a patient for consultation on LASIK/PRK. For cataract consultation or any other eye consultation, consider using our Cataract Consultation Request form and General Consultation Request form respectively.

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ DOB: \_\_\_\_\_ M F

Pertinent History: \_\_\_\_\_

Expectations/Motivations: \_\_\_\_\_  Monovision? (Dominance? R L)

Contact Lens History: Type \_\_\_\_\_ Years Worn \_\_\_\_\_ Last Worn \_\_\_\_\_

**RIGHT:** UNVA= 20/\_\_\_\_\_  
Specs: \_\_\_\_\_ X \_\_\_\_\_ =20/\_\_\_\_\_  
Manif: \_\_\_\_\_ X \_\_\_\_\_ =20/\_\_\_\_\_  
Cyclo: \_\_\_\_\_ X \_\_\_\_\_ =20/\_\_\_\_\_  
Kerat: \_\_\_\_\_ @ \_\_\_\_\_, \_\_\_\_\_ @ \_\_\_\_\_  
Pupils: Dim \_\_\_\_\_ mm Bright \_\_\_\_\_ mm  
K: Pach \_\_\_\_\_ um Dia \_\_\_\_\_ mm

**LEFT:** UNVA= 20/\_\_\_\_\_  
\_\_\_\_\_ X \_\_\_\_\_ =20/\_\_\_\_\_  
\_\_\_\_\_ X \_\_\_\_\_ =20/\_\_\_\_\_  
\_\_\_\_\_ X \_\_\_\_\_ =20/\_\_\_\_\_  
\_\_\_\_\_ @ \_\_\_\_\_, \_\_\_\_\_ @ \_\_\_\_\_  
Dim \_\_\_\_\_ mm Bright \_\_\_\_\_ mm  
Pach \_\_\_\_\_ um Dia \_\_\_\_\_ mm

	<u>Normal</u>	<u>Abnormal</u>
	R	L
Lids/Lashes	<input type="checkbox"/>	<input type="checkbox"/> _____
Conj/Sclera	<input type="checkbox"/>	<input type="checkbox"/> _____
Cornea	<input type="checkbox"/>	<input type="checkbox"/> _____
Anterior Ch	<input type="checkbox"/>	<input type="checkbox"/> _____
Iris	<input type="checkbox"/>	<input type="checkbox"/> _____
Lens	<input type="checkbox"/>	<input type="checkbox"/> _____
Vitreous	<input type="checkbox"/>	<input type="checkbox"/> _____
Nerve	<input type="checkbox"/>	<input type="checkbox"/> _____
Macula	<input type="checkbox"/>	<input type="checkbox"/> _____
Vessels	<input type="checkbox"/>	<input type="checkbox"/> _____
Periphery	<input type="checkbox"/>	<input type="checkbox"/> _____
IOP Rt: _____	Left: _____	
Dilation _____	@ _____:	

### PLAN

Right:  
 LASIK (Blade | Bladefree)  PRK  
 Conventional  Custum  
 Far  Near

Left:  
 LASIK (Blade | Bladefree)  PRK  
 Conventional  Custum  
 Far  Near

Reviewed:  Infection  Inflammation  
 Flap complications  Loss BCVA  
 Glare/Haloes  Dryness  Presbyopia  
 Monovision  Enhancement  Stria

Comments: \_\_\_\_\_

### LASIK SPECIALISTS – DISEASES & SURGERY – ADULT & PEDIATRIC

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281-240-0478 Phone • 281-240-0479 Fax

Dr: \_\_\_\_\_ MD/OD Phone: \_\_\_\_\_ Please fax to (281) 240-0479

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

# R

- Prednisolone Acetate 1%  
1 gtt ( right / left / both) eye(s) q2h WA for day 1 then qid for days 2-7  
start after procedure  
Dispense: 1 10cc bottle, 1 refill
  
- Zymaxid  
1 gtt ( right / left / both) eye(s) qid x 1 week  
start after procedure  
Dispense: 1 bottle, 1 refill
  
- Restasis  
1 gtt ( right / left / both) eye(s) bid  
start immediately  
Dispense: 1 copay = 1month = 1 box = 60 vials, 1 refill
  
- Valium 5 mg  
Take 1 tablet 1 hour before procedure and repeat if directed  
Dispense: 3 tablets
  
- Ambien 5 mg  
Take 1 tablet after procedure and repeat if directed  
Dispense: 3 tablets

SIGNATURE: \_\_\_\_\_ NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ DEA: \_\_\_\_\_ DPS: \_\_\_\_\_

- GENERIC SUBSTITUTION UNLESS CHECKED HERE
- SPANISH LABEL