

Began when? Any self-therapy? BAL R/G #12

Matted shut in morn. Y N Burn Y N Itch Y N Tear Y N Photophobia Y N Blur Y N Sting Y N
 Red (bulb, fornix, palp, mar) Y N Swollen Y N Gritty Y N Discharge Y N Pain Y N

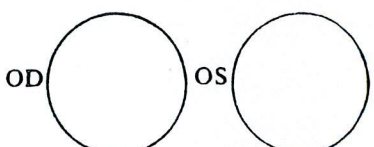
Prior Sulfa exposure? Y N Ear or Throat bothersome? Y N Up. Resp. Infection? Y N Recent Vaccination? Y N
 Preauric. or Submax. swollen? Y N Exposed to Hosp. environment? Y N Cold Sore? Y N
 R-Scope PD: / R L
 Confrt: _____
 Cov. Tst. _____
 NPC = _____

Far VA W/- OD/ OS/ Versions Pup. RX
 W/O - OD/ OS/

Eversion Oct: Keratron:	HAB	SPH	AXIS	PRISM	DBC	BC	CT
	R						
	L						
		ADD	SEG. HT.	SEG. TYPE	INSET	COLOR	
	R						
	L						

Internal: CD D. IND. External
 A/V / W/D Blink: FP
 LR / Blink Rate: x / x , x
 Agent: Fissure Size: x / x , x Creamer: PQ
 Lids: Tight x Loose Alert Y N Oriented Y N

Biomic: Angle Lens Adnexa
 corn.- cells Y N
 Infil: Y N flare Y N
 Striae: Y N F. Body Y N
 Neo: Y N staining SF LF RB Meniscus: TFBUT:



IOP time OD OS M/M Swab sent? Y N Slide sent? Y N
 W/ propara 1 gtt G

Diagnosis:
 Conj. Keratitis. Allergy Sec. Infection Cor. Abrasion Cor. F.B. Virus Ant. Uvitis.

Therapy	SPH	CYL	AXIS	PRISM	DBC	BC	CT
	R						
	L						
		ADD	SEG. HT.	SEG. TYPE	TINT		
	R						
	L						
Frame: / /			Color:				
Name:			Manuf:				

Patient option for: Polycarbonate/High Index 1-6/CR-39/Glass