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1200 Ridgefield Blvd., Suite 160
Asheville, NC 28806



APPOINTMENT DATE & TIME _____

PATIENT NAME AND ADDRESS _____

LAST EXAM _____

CHIEF COMPLAINT _____

PERTINENT REFRACTIVE AND OCULAR HISTORY _____

REFRACTION

OD _____ X _____ 20/ _____ ADD _____ J _____

OS _____ X _____ 20/ _____ ADD _____ J _____

PRESENT GLASSES OD _____ X _____ OS _____ X _____

ADD _____

ACUITY WITH SMALL PUPIL TEST OD 20/ _____ OS 20/ _____

APPLANATION TONOMETRY OD _____ OS _____

PUPILS MARCUS GUNN YES _____ NO _____

SLIT LAMP FINDINGS

OD _____

OS _____

FUNDUS FINDINGS

OD _____

OS _____

RECOMMENDATIONS

REFERRING DOCTOR _____