

**PRE-OPERATIVE REFERRAL FOR**

**REFRACTIVE LASER SURGERY**

**Patient Name:** .............................................................................. Date of Examination:......../ ........./ .........

**Address:** ................................................................................................................................................

**Tel. No:** ....................................................

Date of Birth: ............../ ............../ ......................

Medical History: ........................................................................

Ocular History: ........................................................................................................................................................

Reason for interest in Refractive Surgery: ...............................................................................................................

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C/Lens wear: Soft / RGP / Ortho K How long:.............................. Date last worn..................................

**RIGHT** **LEFT**

Unaided Vision: ........................................ ......................................

Best Corrected Vision: ........................................ ......................................

Today’s Manifest Refraction: ........................................ ......................................

Current Spectacles: ........................................ ......................................

Slit Lamp Examination: ........................................ ......................................

Comments:

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Thank you for your referral.

Referring Optometrist: ........................................................................

Company: .............................................................................................

Address: ...............................................................................................

Provider Number: ...............................................................................

Tel. No. ....................................... Email. ........................................

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