

PATIENT EXAMINATION FORM

+ 10 OK
5/16

NAME David Damman AGE 66 SEX M DATE 09/09/2022

CHIEF COMPLAINT GL/00P CA: Annual eye exam
No vision complaint, except 2020 R. faint/Tr.

HISTORY
 PSYCH: Mood Affect (anxiety/depression) ni
 NEURO: Oriented (person/time/place) y n
 Allergies soft pilot & enjibeer
 Medications hlo fudrac
 Symptoms path: 1/1 DM - does not check
 Location (lost 20 lbs since last visit)
 Quality path: 1/1 Fullb Optometry (1/2021)
 Severity 2019 visit
 Duration 1/2021
 Timing 2021
 Context Medical History & ROS from 01/2020
 Modifiers reviewed: no changes
 Dr. Initials sist. only

FAR		NEAR		CURRENT DATE		ENTRANCE TESTS		FAR		NEAR		BC	
UNAIDED	OD 20/40-20			DATE	2/04/2022			20/	20/	20/	20/	ADD	
DIST	OS 20/40-20	Rx		OD	+2.25-0.75x100			20/	20/	20/	20/	TYPE	
VA	OS 20/25-20			OS	+2.25-0.50x060								
PUPILS		COVER		NPC		PINHOLE VA		KER		OD		OS	
PERRILS		COVER		PD 66/62		OD 20/		OS 20/					
COLOR VISION		STEREO FUSION		EOM MOTILITY		BP		FIELD SCREEN		CONFRONTATION		WNL	
OD WNL		WNL		WNL						AMSLER		WNL	
OS WNL										PERIMETRY		WNL	

RETINO OR		AUTOREFR		NEAR SUBJ		DIST SUBJ		AMP		PRA		ASSOC PHORIA	
OD	+1.25-0.50x109	20/		OD	+1.50-1.25x107	20/		OS	+1.75-0.75x088	20/		20/	
OS	+1.75-1.00x045	20/		OS	+1.75-0.75x088	20/							
NEAR	OD +1.75	20/		AMP				PRA				LAT	
SUBJ	OS +2.25	20/						NRA				VERT	

EXTERNAL (BIOMICROSCOPY)

ANGLE EST (GRADE)
 OD 1 2 3 4
 OS 1 2 3 4

TEARS WNL
 LIDS/LASHES WNL
 CORNEA WNL
 PAL CONJ WNL
 BULB CONJ WNL
 ANT CHMB WNL
 LENS 2 + NS
 IRIS WNL

INTERNAL (OPHTHALMOSCOPY)
 OD 90 20 MIO
 OS 78 20 MIO

Diabetic retinopathy
 C/D 15
 DISC MARCHS WNL
 MACULA WNL
 VESSELS WNL
 BACKGROUND WNL
 MEDIA WNL
 VITREOUS WNL
 PERIPH RET WNL

TONOMETRY
 OD 21
 OS 22

TIME 11:30 AM

ASSESSMENT
 1) CHA on Presbyopia
 2) cataracts on

PLAN
 1) spec Rx given
 2) Monitor annually

Rx	Sphere	Cyl	Axis	Prism	Base	Add
OD	+1.75	-1.25	105			
OS	+2.25	-0.75	080			

Advice: Rx adaption Full time Rx Dist Rx Reading Rx
 Rx optional for dist Rx optional for near
 Recommendations: Sun Rx Computer Rx Golf Rx Safety Rx Sports Rx
 Recall: Date: Reason: (E)xam (C)LCheck (G)laucomaPC (T)onometry (Y)outhRxCheck (D) FE