

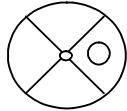
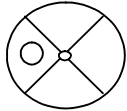
Phone 0800 529 377

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## Laser Eye Surgery Hamilton



### Refractive Suitability Assessment Report

Patients Name		Name of Referrer		
Address		Practice		
		Address		
Home phone		Sports/Hobbies		
Business / mobile phone				
Date of birth:        /        /				
Occupation				
Patient's motivation?		General Health:		
Ocular History:		Family Ocular History:		
Correction:    Glasses		Contact lenses		
Patient advised to cease wearing soft lenses for at least 48 hours and RGP 6 weeks    yes / no				
Uncorrected VA	Right	6/	Left	6/
Previous refraction date:		6/		6/
Current spectacles or contact lenses		6/		6/
	Add.		Add.	
Subjective refraction		6/		6/
Slit Lamp examination				
Pupil diam.dim light	mm		mm	
IOP	mmHg @		mmHG @	
Ophthalmoscopy				
Keratometry mires	Normal / abnormal		Normal / abnormal	
Patients expectations:				
Comments:			Sign:	
			Date:	

For prompt and correct payment for this report ensure that your practice details are accurate and that invoice is attached with report, whether faxing or posting – Please see our Fee for service policy for current fees.