

Refractive Surgery History

EyeCare 20/20
 973-560-1500
 www.eyecare2020.com

Name: _____					
Pre Op:		K1	K2	Pachy	
	OD				
	OS				
	Refraction				
	OD				
	OS				
Surgery:		LASIK	Surface Rx	RK	Flap Thickness
	OD				
	OS				
Date: _____					
Post Op:		K1	K2		
	OD				
	OS				
	SE				
	OD				
	OS				