

Patient: _____ Date: _____

Drops to be administered: _____ Signed: _____

Referring Consultant: _____

Humphrey

- 30-2
- 24-2
- 10-2

Imaging

- OCT
- Autofluorescence
- FFA

Laser Yag

- Right
- Left

Esterman

- Monoc
- Binoc

Photography

- Fundus
- Stereo Discs

Laser KTP (Argon)

- Right
- Left

Goldmann

Pressures

- All Day Phasing
- A.M. Phasing

Screeener

- 120pt
- 76pt

Other Instructions:

