

Treehouse Eyes Myopia Treatment - Interim Visit Form

(Available online at: www.visionquesteyecare.com)

Patient: _____ Referring doctor: _____

Date of Visit: _____

If Atropine (perform with most recent eyeglasses on):			
DV VACC:	OD	20/	Subjective Refraction:
	OS	20/	OD 20/
	OU	20/	OS 20/
Near point of accommodation with DV Rx on = _____ inches			

If above Subjective Refraction (SR) in either eye is ≥ -0.50 D compared to last SR, refer to Treehouse Eyes for further evaluation.

If Custom Soft Multifocal Lenses			
DV VACC:	OD	20/	Subjective Refraction (lenses off, NOT an OR):
	OS	20/	OD 20/
	OU	20/	OS 20/

If above Subjective Refraction (SR) in either eye is ≥ -0.50 D compared to last SR, refer to Treehouse Eyes for further evaluation.

If Custom Overnight Treatment Contact Lenses (perform with lenses on):			
DV VACC:	OD	20/	DV Over Refraction (lenses ON):
	OS	20/	OD 20/
	OU	20/	OS 20/
			OU VA with above over refraction: 20/

If OU VA with over refraction is $< 20/30$, refer to Treehouse Eyes for further evaluation.

If no referral to Treehouse Eyes is required, recall patient to your practice for ongoing comprehensive care at your customary recommended interval (usually about one year since the last comprehensive examination).

SLE: OD _____ OS _____

If CL wearer, wear/care/wearing schedule reviewed? Yes No

Notes:

Referring doctor signature: _____

Please fax this form to: (317) 886-7655