



LASERVUE
EYE CONSULTANTS

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Patient: _____ Room Number: _____ Date: _____

CC/ HPI/New Concern:

PMH: HTN DM CAD CVA CHF COPD Dementia _____

Past Ocular History: _____

Medication: See List

Allergy: NKDA _____

Social: _____

EXAM:

	Right Eye	Left Eye
Vision	_____	_____
Eye Pressure	_____	_____
Pupils/Motility	_____	_____
Confrontation Visual Field	_____	_____
Adnexa	_____	_____
Conjunctiva	_____	_____
Cornea	_____	_____
Iris/Anterior Chamber	_____	_____
Lens	_____	_____
Retina/Vitreous	_____	_____

Assessment & Plan: _____

Signature: _____ Kourosh Nazari, MD, FACS