



LASIK FOLLOW UP DETAILS:

Date:

Follow up record of Ms / Mr :
MRD No :
Your Lasik Surgeon @ Nethralaya : Dr.
Date of LASIK Procedure @ SN :
Follow up date :/...../..... [Months(s) follow up]

Unaided Visual Acuity:

Right Eye: _____

Left Eye: _____

Refraction:

Right Eye: _____ Visual Acuity _____

Left Eye: _____ Visual Acuity _____

Corneal Status:

Right Eye: _____

Left Eye: _____

Intra Ocular Pressure (IOP):

Right Eye: _____

Left Eye: _____

Signature of Ophthalmic Consultant

Date:

Kindly send the above details to:

**LASIK Dept
Sankara Nethralaya (JKCN Complex)
21, Pycrofts Garden Road, Chennai – 600 006
Fax No: 91 –044 – 28254180, E Mail: lasik@snmail.org**

Appointment for LASIK Services: 0 93801 07258 / 0 93802 88188

