

Pre-Op Optical Examination

Patient's Name (or initials): _____ Date: _____ Age: ____

Gender: ____ Eye planned for implantation: RE/LE

	Right	Left
AMD type (Wet/Dry/Scar)		
Other ocular pathology (Phakic/Pseudophakic)		
Refraction (Sph./Cyl./axis)		
Near add		
<u>Distance vision (ETDRS)</u> (test distance)	1m/2m/4m	1m/2m/4m
Distance BCVA (ETDRS letter count)		
Distance BCVA with x2.5 telescope (ETDRS letter count)		
Near BCVA @ 30cm (ETDRS letter count)		
Distance BCVA with x2.5 telescope @ 30 cm (ETDRS letter count)		