



REFRACTIVE SURGERY / 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 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:
REFRACTIVE SURGERY / LASIK Department
Sankara Nethralaya (JKCN Complex)
No.21, Dr.S.S.Badrinath Road, Chennai – 600 006
E Mail: lasik@snmail.org

Appointment for LASIK Services: +91 93801 07258 / +91 93802 88188