

Patient Name _____

Date _____

CLINICAL INDICATIONS

Chief Complaint _____

Identification and/or follow-up of the following:

- ☐ Epiphora
- ☐ Disorders of the conjunctiva
- ☐ Stenosis of the lacrimal passages
- ☐ Inflammation of the lacrimal passages

PROCEDURE

- ☐ Right Eye
- ☐ Left Eye

DIAGNOSIS CODE

NON-INVASIVE TESTING for EPIPHORA

Jones Dye Test

Right Eye Left Eye

- ☐ Positive ☐
- ☐ Negative ☐

Dye Disappearance

Right Eye Left Eye

- ☐ Normal ☐
- ☐ Abnormal ☐

NON-OBSTRUCTIVE CAUSES for EPIPHORA

Eyelid Malposition

Right Eye Left Eye

- ☐ Yes ☐
- ☐ No ☐

Excluded Diseases

- ☐ Blepharitis
- ☐ Ocular Allergy
- ☐ Dry Eye Syndrome

TECHNIQUE

The patient was brought into the examination room and placed in an upright position behind the biomicroscope. One drop of proparacaine 0.5% ophthalmic solution was placed onto the surface of the eye followed by one drop of topical antibiotic solution. The lower punctum was examined microscopically. A lacrimal probe was inserted into the punctum and the orifice was gradually dilated using probes of increasing size.

- ☐ **Irrigation** - A lacrimal cannula was attached to a syringe filled with sterile saline solution. The cannula was inserted vertically into the punctum to a depth of 2 mm, then rotated horizontally towards the nose. The saline was discharged into the canaliculus and the cannula was withdrawn from the punctum.
- ☐ **Probing** - A malleable wire probe was passed through the punctum and into the canaliculus until the medial wall of the lacrimal sac was reached. The probe was then gently advanced around the pertinent anatomy and into the nasolacrimal duct until patency was established.

PATENT NASOLACRIMAL SYSTEM

Right Eye

Left Eye

- ☐ No resistance to irrigation / probing ☐
- ☐ Light resistance to irrigation / probing ☐
- ☐ Moderate resistance to irrigation / probing ☐
- ☐ Heavy resistance to irrigation / probing ☐

NASOLACRIMAL OBSTRUCTION

Right Eye

Left Eye

- ☐ Lower Canaliculus ☐
- ☐ Common Canaliculus ☐
- ☐ Lacrimal Sac ☐
- ☐ Nasolacrimal Duct ☐

DISCHARGE

- ☐ The patient tolerated the procedure well and was discharged in good condition.
- ☐ Instructions were given to call the office if there was any pain or discomfort after the procedure.

Doctor's Signature _____