EF 8.1

CONTACT LENS EXAMINATION

CPT Code 92310

Patient Name | Date

CONTACT LENS HISTORY

Comfort: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

_____

_____

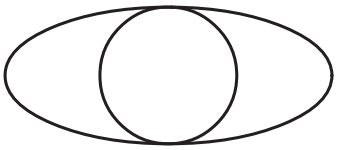
O.D. 20/ _____ @ Distance O.D. 20/ _____ @ Near Wearing Time: Today _____

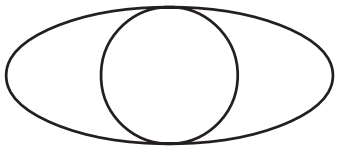
O.S. 20/ _____ @ Distance O.S. 20/ _____ @ Near Wearing Time: Average _____

BIOMICROSCOPY

Cornea _____

Right Eye





Left Eye

Tear Film _____

Conjunctiva _____

Eyelids _____ Sclera _____

REFRACTION

Keratometry O.D. _____ O.S. _____

Over-Refraction O.D. _____ 20/ _____ O.S. _____ 20/ _____

ASSESSMENT

_____

_____

TREATMENT PLAN

_____

_____

Doctor's Signature _____ **Technician's Signature** _____

EYEFORMS