

UT Southwestern Medical Center

Laser Center for Vision Care
Outpatient Building

Seminar/Consult Information Sheet

Pt. Name: _____

Address: _____

City

State

Zip

MRN: _____

DOB: _____ SEX: _____

Date: _____

The following questions will help in determining what kind of candidate you will be for refractive surgery.

Name _____ Cell Phone _____

Address _____ Home Phone _____

City/State/Zip _____ Work Phone _____

Occupation _____ E-mail Address _____

Date of last exam _____ Date of Birth _____ Age _____

Date of eyeglass prescription _____

Do you wear glasses: Full time Part time Very little Never

Do you currently wear: Bifocals Reading glasses None

Do you wear contacts Full time Part time No longer wear Monovision contact lenses

What type of lenses do you wear: Soft Soft Torics Gas Perm (RGP) Hard

What problems are you having with your current system of correction (glasses or contacts)?

Do you have any history of disease or eye injury or previous eye surgeries? No Yes _____

How did you hear about UT Southwestern Medical Center Laser Center for Vision Care at the Outpatient Building?

(Please see below and fill in the circle of all that apply.)

Internet/Website _____

Patient/Friend (provide name) _____

Physician (provide name) _____

UT Southwestern Reputation _____

Other referral source (be specific) _____

For Office Use Only _____

RX: OD _____ ADD _____

OS _____