## **Dilated Eye Exam**

Patient Information
Name:
Date of Birth:
Gender:
Address:
Contact Number:
Emergency Contact:
Medical History
Ocular History:
Systemic Health:
Current Medications:
Allergies:
Family Ocular History:
Previous Eye Surgery:
Chief Complaint
Describe the reason for the visit and any specific symptoms.
Visual Acuity
Distance Vision:
Right Eye:
Left Eye:
Near Vision:
Right Eye:
Left Eye:
Intraocular Pressure (IOP) Measurement
Right Eye (mmHg):
Left Eye (mmHg):

Eyelids:   Conjunctiva:   Sclera:   Cornea: <b>Pupil Examination</b> Size and Shape:   Reaction to Light:   Consensual Response:   Anterior Segment Examination   Depth of Anterior Chamber:   Lens:   Iris:   Cotor of Conjunctiva:   Presence of Discharge:   Dilation of Pupils   Dilation Agent Used:   Time of Dilation:   Expected Duration of Dilation:   Evadet Seases:   Now of the Optic Nerve Head:   Biod Vessels:   Macuia:   Additional Testing (if required):   Optical Coherence Tomography (OCT)   Sival Field Testing   Indus Publography	Conjunctiva:         Sclera:         Cornea: <b>Pupil Examination</b> Size and Shape:         Reaction to Light:         Consensual Response: <b>Atterior Segment Examination</b> Depth of Anterior Chamber:         Lens:         Iris:         Color of Conjunctiva:         Presence of Discharge:         Dilation of Pupils         Dilation Agent Used:         Time of Dilation:         Expected Duration of Dilation:         Fundus Examination         View of the Optic Nerve Head:         Blood Vessels:         Macula:         Additional Testing (if required):         _ optical Coherence Tomography (OCT)         _ Visual Field Testing	External Examination	
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## Assessment Summarize findings from the examination. Plan Recommendations for treatment or further evaluations. Prescription for corrective lenses (if needed). Follow-up Specify the date and purpose of the follow-up appointment.