

The OC Center for Facial Plastic Surgery
Tel: 949-371-6963 Fax: 949-313-7757

I

To: _____ (Ophthalmologist/Optomtrist)

Date: _____

Re: _____

The above patient is contemplating cosmetic eye surgery. I have advised the patient that an ophthalmological examination is required in order for him/her to proceed to surgery. This examination/testing should be done pre-operatively, within one year prior to their surgery with Dr. Sepehr. Please complete the form on the reverse side, or use your own form if you prefer, and fax it to us at 949-313-7757.

Please advise us if the examination reveals any condition that would be a contraindication to cosmetic eye surgery, or if any special consideration(s) should be taken pre-operatively, during surgery or post-operatively.

Thank you for your co-operation in providing this report. If you have any questions or require further information, please contact us.

Yours truly,

Ali Sepehr, M.D.

See Second Page for Eye Examination Form→

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Ophthalmology Examination

Patient Name _____ **Date of Examination** _____

| Test | Right Eye | Left Eye | Comment (if any) |
|---|------------------|-----------------|-------------------------|
| 1. Visual acuity - without glasses - with glasses | _____ | _____ | |
| 2. E.O.M. | | | |
| 3. Visual fields -particularly superior and peripheral | _____ | _____ | |
| 4. Ocular tension | | | |
| 5. Condition of the cornea | | | |
| 6. Clarity of the lens and vitreous | | | |
| 7. Fundus | | | |
| 8. Schirmer Test | | | |
| 9. Ptosis evaluation | | | |
| 10. Atonia evaluation | | | |
| 11. Other | | | |

Summary / Additional Comments / Recommendations:

Signature of Doctor _____ **Print Name of Doctor** _____

Doctor's Telephone Number _____ **Doctor's Fax Number** _____

Thank you for your assistance.
Ali Sepehr, M.D.