OKLAHOMA DEPARTMENT OF CORRECTIONS
OPTOMETRIC SERVICE RECORD

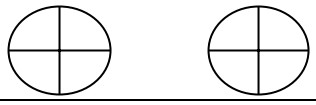
BASELINE EXAMINATION

Ocular History and Problems:

V.A. UNAIDED	Current Rx
OD	
OS	

IOP mmHg OD mmHg OS@

PUPILS: E.O.M.

CONF.VF 

SLIT LAMP						FUNDUS	tropicamide		phenylephrine	
LID/LASHES	clear	blepharitis	ptosis	dermatochalasis		C/D	OD		OS	
CONJ	quiet	injection				DISC	sharp	edema	pink	pale
CORNEA	clear	edema	guttata	SPK	abrasion	MACULA	normal	drusen	pigment changes	
ANT. CHAMBER	deep	shallow	quiet	cell	flare	VESSELS	normal	tortuosity	attenuated	
LENS	clear	nuclear	sclerosis	cortical	PSC	PERIPHERY	flat			

Diagnosis:

Plan:

RX	SPHERE	CYL	AXIS	COLOR	ADD	SEG. HT.	SEG. TYPE	P.D.	PRISM	V.A
OD										
OS										

FRAME	SIZE	TEMPLE

DATE	FACILITY	SIGNATURE

I hereby acknowledge that I have received a pair of corrective lenses as prescribed for me by the optometrist on _____ (Date)

_____ _____ _____

Signature of Witness Date Signature of Inmate

SUBSEQUENT EXAMINATION

Ocular History and Problems:

V.A. UNAIDED	Current Rx
OD	
OS	

IOP mmHg OD mmHg OS@

PUPILS: E.O.M.

CONF.VF 

SLIT LAMP						FUNDUS	tropicamide		phenylephrine	
LID/LASHES	clear	blepharitis	ptosis	dermatochalasis		C/D	OD		OS	
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RX	SPHERE	CYL	AXIS	COLOR	ADD	SEG. HT.	SEG. TYPE	P.D.	PRISM	V.A
OD										
OS										

FRAME	SIZE	TEMPLE

DATE	FACILITY	SIGNATURE

Inmate Name (Last, First) ODOC #