GLAUCOMA FLOW SHEET

Name: _____
Fm. Hx._____
Allergies _____
Medical Hx: Respiratory Problems:
_____
Diabetes_____
Elev. Chol._____
Heart Problems _____
Physician _____
Initial TN:RE_____ Goal TN:RE_____
LE_____ LE_____

Date & Medication_____
_____
_____
_____
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Date	Time	VA	PH	IOP	Target IOP	Last Gtts.	VF	Disc	Scanning Laser (GDX/HRT)	Gonio	Follow-Up

APC28AZ09