

TOPOGRAPHY/WAVE SCAN ORDER AND INTERPRETATION

Patient Name: _____	Test Date _____
Indications / Medical Rationale: _____ _____	
Performed by: _____	Technician Comments: Patient understanding & cooperation _____

_____ Good Image Quality	
_____ Poor Photo Quality, affected by:	
Movement/Nystagmus	Blink
Other: _____	

STUDY FINDINGS (Indicate OD, OS, OU in line next to condition)

- | | |
|---|---|
| _____ Cornea normal
_____ Regular astig
_____ Irregular astig / keratoconus
_____ Scarring
_____ Lesions
_____ Pterygium
_____ Keratoconus
_____ Peripheral corneal degeneration
_____ Mooren's ulcer | _____ Terrien's degeneration
_____ Edema
_____ Keratitis
_____ Corneal wounds
_____ Burns
_____ Previous Corneal Surgery
_____ Previous Refractive Surgery
Other _____ |
|---|---|

INTERPRETATION

- _____ Condition is NEW
_____ Compared to last exam/photo, condition is: STABLE IMPROVING WORSENING

IMPACT ON TREATMENT

- _____ No treatment at this time, continue to monitor
_____ Continue current treatment
_____ Refer for treatment (see "treatment plan" details on exam note)
_____ Modify existing treatment (see "treatment plan" details on exam note for details)
_____ Schedule new treatment (see "treatment plan" details on exam note)

Physician Signature _____

Date _____