LASERVISION CORRECTION | Wm Schlichtemeier, MD
Lance Kugler, MD

13923 Gold Circle, Suite 101
Omaha, NE 68144
p: 402-558-2211 / 800-831-EYES
f: 402-558-3456
www.lasikomaha.com lkugler@lasikomaha.com

Comanaged by:

Surgeon:
☐ Lance Kugler, MD
☐ Wm Schlichtemeier, MD

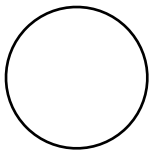
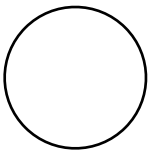
Name: _____
DOB: _____
Phone: _____
Email: _____

☐ Appointment scheduled on _____
☐ Please call patient to schedule

Reason for ☐ **consultation** or ☐ **post-op report**:
☐ Cataract
☐ Refractive surgery (☐ Bladeless LASIK, ☐ PRK, ☐ ICL, ☐ Refractive IOL, ☐ CK, ☐other)
☐ Dry Eye
☐ Keratoconus/ectasia (☐ Intacs, ☐ Crosslinking, other)
☐ Second opinion
Patient's chief concern and history:_____
_____
_____

UCDVA OD: 20/ UCNVA: OD: 20/
OS: 20/ OS: 20/
MR: OD: _____ 20/ CR: OD: _____ 20/
OS: _____ 20/ OS: _____ 20/

Relevant exam findings: _____
_____

OD   OS

Assessment/Plan:_____
_____

I feel this patient ☐**is /** ☐**is not /** ☐ **may be** a good candidate for *refractive* cataract surgery because:
_____

☐ I would like to co-manage this patient's condition
☐ I would like the surgeon to manage this patient's condition and return the patient upon resolution
Other management requests/information: _____
_____
_____