

PHYSICIAN'S ORDERS
OPHTHALMOLOGY LASER PREPARATION

Allergies _____

To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.

Procedure:

- RIGHT RETINAL LASER LEFT RETINAL LASER
 RIGHT LASER CAPSULOTOMY LEFT LASER CAPSULOTOMY

Instill in:

- Right Eye Left Eye

On arrival:

Tropicamide 1% eye drops, 1 drop
Phenylephrine 2.5% eye drops, 1 drop
 Brimonidine 0.2% eye drops, 1 drop

After 5 minutes if pupil not dilated:

Tropicamide 1% eye drops, 1 drop
Phenylephrine 2.5% eye drops, 1 drop

Prior to laser procedure:

Tetracaine 0.5% eye drops, 1 drop

Procedure:

- RIGHT LASER IRIDOTOMY LEFT LASER IRIDOTOMY

Instill in:

- Right Eye Left Eye

On arrival:

Pilocarpine 1% eye drops, 1 drop
Brimonidine 0.2% eye drops, 1 drop

After 5 minutes if pupil not constricted:

Pilocarpine 1% eye drops, 1 drop

Prior to laser procedure:

Tetracaine 0.5% eye drops, 1 drop

Procedure:

- RIGHT LASER GONIOPUNCTURE LEFT LASER GONIOPUNCTURE

Instill in:

- Right Eye Left Eye

On arrival:

Pilocarpine 1% eye drops, 1 drop

After 5 minutes if pupil not constricted:

Pilocarpine 1% eye drops, 1 drop

Prior to laser procedure:

Tetracaine 0.5% eye drops, 1 drop

Date: _____ Time: _____

MD SIGNATURE _____

