



# WAVESCAN ORDER

Appointment Date/Time: \_\_\_\_\_ Physician: \_\_\_\_\_

**PATIENT INFORMATION**

Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( )  
 Telephone \_\_\_\_\_

**PROCEDURE & EYE:** (Please circle)

Pre-Op	Post-Op
LASIK	PRK
OD	OS
Intralase	PTK
OU	OU

Diagnosis & History: \_\_\_\_\_

**Pre-Op Information: OD**

K1 \_\_\_\_\_ Axis \_\_\_\_\_ K2 \_\_\_\_\_ Axis \_\_\_\_\_

VAsc: 20/ \_\_\_\_\_ VAcc: 20/ \_\_\_\_\_

Manifest Rx:  
 Sph \_\_\_\_\_ Cyl \_\_\_\_\_ Axis \_\_\_\_\_ °

Vertex Distance: 12.5 / \_\_\_\_\_

Corneal Thickness (μ): \_\_\_\_\_

Scotopic Pupil Size (mm): \_\_\_\_\_

**Pre-Op Information: OS**

K1 \_\_\_\_\_ Axis \_\_\_\_\_ K2 \_\_\_\_\_ Axis \_\_\_\_\_

VAsc: 20/ \_\_\_\_\_ VAcc: 20/ \_\_\_\_\_

Manifest Rx:  
 Sph \_\_\_\_\_ Cyl \_\_\_\_\_ Axis \_\_\_\_\_ °

Vertex Distance: 12.5 / \_\_\_\_\_

Corneal Thickness (μ): \_\_\_\_\_

Scotopic Pupil Size (mm): \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ Telephone: \_\_\_\_\_

**SDEB to collect payment for WaveScan: YES NO**

INTERNAL USE ONLY: Technician has verified that patient has not read or used cellular telephone prior to WS? \_\_\_\_\_ (initial)

Mail results to Physician

Fax results to Physician

Patient to hand-carry results

Mail results to Physician