

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
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OPTOMETRY

Branch Medical Clinic

IOP

OD: OS:

Uncorrected Vision

Corrected To

Distant: OD 20/
OS 20/

OD 20/
OS 20/

Near: OD 20/
OS 20/

OD 20/
OS 20/

REFRACTIONS * * CORRECT CANDIDATES TO 20/20 IF POSSIBLE

Manifest : OD sph cyl axis 20/

OS sph cyl axis 20/

Cycloplegic: OD sph cyl axis 20/

OS sph cyl axis 20/

Red Lens Test:

Point Convergence mm

Slit Lamp Results:

Comments:

Optometrist
Signature

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)</i>		REGISTER NO.	WARD NO.

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Medical Record