



PREMIER EYE CARE

OF EASTERN IDAHO

MEDICAL • SURGICAL • OPTICAL

Matthew P. Traynor, MD

Kyle G. Thompson, MD

2100 Providence Way

Idaho Falls, Idaho 83404

Phone: 208-529-6600 • Fax: 208-529-6602

Date: _____ Referring Doctor: _____

Patient Name: _____ DOB: _____

Patient Home Number: _____ Cell: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Reason for Referral:

Cataract

Diabetic Retinopathy

Retinal Evaluation

Glaucoma

Ocular History: (Including Meds)

Exam Findings:

OD

OS

Uncorrected Visual Acuity 20/ _____

20/ _____

Visual Acuity with MRX 20/ _____

20/ _____

Manifest Refraction _____

IOP _____ mmHg

_____ mmHg

Pupils Size _____ / _____

Size _____ / _____

Significant Findings:

OD

OS

EOM _____

Orbit/Lids/Lacr _____

Conj/Sclera _____

Cornea _____

AC/Iris _____

Lens _____

Fundus _____

Comments/Plans:

