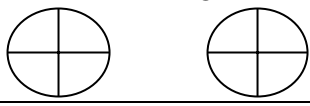


OKLAHOMA DEPARTMENT OF CORRECTIONS OPTOMETRIC SERVICE RECORD

BASELINE EXAMINATION

Ocular History and Problems:

V.A. UNAIDED	Current Rx	PUPILS:	E.O.M.
OD		CONF.VF	
OS			
IOP	mmHg OD mmHg OS@	FUNDUS	
SLIT LAMP		tropicamide	phenylephrine
LID/LASHES	clear blepharitis ptosis dermatochalasis	C/D	OD OS
CONJ	quiet injection	DISC	sharp edema pink pale
CORNEA	clear edema guttata SPK abrasion	MACULA	normal drusen pigment changes
ANT. CHAMBER	deep shallow quiet cell flare	VESSELS	normal tortuosity attenuated
LENS	clear nuclear sclerosis cortical PSC	PERIPHERY	flat

Diagnosis:

Plan:

RX	SPHERE	CYL	AXIS	COLOR	ADD	SEG. HT.	SEG. TYPE	P.D.	PRISM	V.A
OD										
OS										
FRAME					SIZE		TEMPLE			
DATE			FACILITY			SIGNATURE				

I hereby acknowledge that I have received a pair of corrective lenses as prescribed for me by the optometrist on _____ (Date)

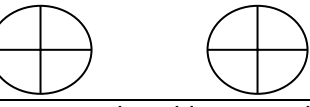
Signature of Witness

Date

Signature of Inmate

SUBSEQUENT EXAMINATION

Ocular History and Problems:

V.A. UNAIDED	Current Rx	PUPILS:	E.O.M.
OD		CONF.VF	
OS			
IOP	mmHg OD mmHg OS@	FUNDUS	
SLIT LAMP		tropicamide	phenylephrine
LID/LASHES	clear blepharitis ptosis dermatochalasis	C/D	OD OS
CONJ	quiet injection	DISC	sharp edema pink pale
CORNEA	clear edema guttata SPK abrasion	MACULA	normal drusen pigment changes
ANT. CHAMBER	deep shallow quiet cell flare	VESSELS	normal tortuosity attenuated
LENS	clear nuclear sclerosis cortical PSC	PERIPHERY	flat

Diagnosis:

Plan:

RX	SPHERE	CYL	AXIS	COLOR	ADD	SEG. HT.	SEG. TYPE	P.D.	PRISM	V.A
OD										
OS										
FRAME					SIZE		TEMPLE			
DATE			FACILITY			SIGNATURE				

Inmate Name
(Last, First)

ODOC #