Patient Name: _____ DOB: _____

Insurance: _____

	OD	OS	OU				OD	OS	OU				OD	OS	OU		
OFFICE VISITS				92002	NEW-INT	OFFICE PROCEDURES				11441	EXCISE BENIGN	MODIFIERS				54	SURGERY CARE ONLY
				92004	NEW-COMP					65205	CONJ FB 45.33					55	POST OP MGT
				92012	ESTAB-INT					65222	Corneal FB Rust Ring					79	UNRELATED P.O.
				92014	ESTAB-COMP					65430	CORNEAL SCRAPING					80	ASSISTANT SURGEON
				92015	REFRACTION					65435	CORNEAL ABRASION	SURGERY				15823	BLEPHAROPLASTY
				99024	FU/POST-OP					65778	PROKERA					65280	CORNEAL LACERATION
										65855	LASER TRABECULEC					65285	CORNEAL LAC UVEAL
				99202	NP E/M-II					66761	LASER IRIDOT					65420	PTERYGIUM EXCISION
				99203	NP E/M-III					66821	YAG CAPSUL					66180	AQUEOUS SHUNT
				99204	NP E/M-IV					67800	CHALAZION EXCISE					66762	LASER IRIDOPLASTY
				99205	NP E/M-V					67820	EPILATION MECHANIC					66850	CATARACT ASPIRATE
				99212	E/M-II					67825	EPILATION ELECTRIC					66920	CATARACT INTRACAPSULAR
				99213	E/M-III					67840	EXCISE LESION					66930	EXTRACT DISLOCATED
				99214	E/M-IV					68761	PUNCTAL PLUGS					66940	CATARACT EXTRACAPSULAR
				99215	E/M-V					68840	LACRIMAL FLUSH					66982	CATARACT COMPLICATED
DIAGNOSTIC				87809	ADENO PLUS	POST-OPS				CR	COSTA/RAFFOUL PO					66984	CAT EXT IOL EXTRACAP
				92020	GONIOSCOPY					GR	GERMAN/RAFFOUL PO					66985	INSERT IOL
				76514	PACHYMETRY					CT	COSTA/TAM PO					66986	EXCHANGE IOL
				92083	VF-EXT					GT	GERMAN/TAM PO					V2787	TORIC SPECIALTY LENS
				92132	OCT ANTERIOR SEG					KR	KNUPP/RAFFOUL PO					V2788	RESTOR SPECIALTY LENS
				92133	OCT OPTIC NERVE					KRT	KNUPP/R TAM PO					67255	SCLERAL REINFORCEMENT
				92134	OCT RETINA					KCT	KNUPP/C TAM PO					67808	CHALAZION UNDER ANESTH
				92202	EXT OPHTHAL					ER	ELCHINGER/RAFFOUL					67880	TARSO LATERAL
				92201	RET/OPHTHALM					ET	ELCHINGER/R TAM					67903	PTOSIS 1 EYE
				92250	FUNDUS PHOTO					LASIK	LASIK POSTOP					67904	PTOSIS EXTERNAL 1 EYE
				92060	MUSCLE EVAL					LASFS	LASIK PREOP					67917	ECTROPION EXTENSIVE
				92285	EXTERNAL PHOTOS	MODIFIERS				24	E/M POST-OP					67924	ENTROPION 1 EXTENSIVE
				83861	TEAR TEST					25	E/M SAME DAY					67930	LID REPAIR LAC PARTIAL
				92025	TOPOGRAPHY					26	PROF COMPONENT					67935	LID REPAIR LAC FULL
				76519	A-SCAN					50	BILATERAL					68811	LACRIMAL PROBE ANESTH
				92136	IOL A-SCAN					57	DECISION-SURG						
CL				92071	CL FIT DISEASE					80	ASSISTANT SURGEON						
				92310	CL FITTING					XU	SEPARATE SERV SAME DAY					99152	MOD SEDATION 15 MINUTES
				92072	CL FIT KERATOCONUS											99153	MOD SEDATION ADD 15 MINS

Return Appointment _____days_____wks_____mths_____yrs

Diagnosis: OD OS OU _____

Diagnosis: OD OS OU _____

Diagnosis: OD OS OU _____