

Physician: Dr. REFERRING PHYSICIAN

CC: DR. ATTENDING PHYSICIAN

Date: 2014/07/17

Sample, Patient Beta
123 Main St.
Apt. 218
Dartmouth, NS
B2B2B2
(902) 555-0248 work
DOB: 1982/03/14
HCN: 0001 000 009

History: *Sed sed nisi non mauris cursus fringilla sed at lacus. Nam neque urna, condimentum et malesuada sit amet, fermentum quis turpis. Nulla massa diam, fermentum nec interdum eu, congue quis ante. liquam tincidunt diam non ante mollis varius. Ut sagittis malesuada sapien vel rutrum. Etiam id mauris vitae ligula vehicula aliquet non vel ante. Donec ultrices volutpat pharetra. Mauris nec pharetra velit. Vestibulum enim lacu.*

Medications: *Agenerase, Yasmin*

Allergies: *test, gluten, penicillin g*

Visual acuity:	OD	OS
Unaided	<i>15</i>	<i>15</i>
Corrected	<i>20</i>	<i>20</i>
Pinhole		
Spectacle Rx:	<i>+2.00</i>	<i>+2.00</i>
Cyclo Rx:		
Manifest refraction:		
Intraocular pressure:	<i>6.3 mmHg</i>	<i>6.3 mmHg</i>
Pupils: <input type="checkbox"/> PERL		
Ocular motility:	<i>good</i>	<i>good</i>
Colour vision:	<i>good</i>	<i>good</i>

Add _____

Stristique sit amet turpis a, volutpat accumsan elit.

Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus.

Nam sed vulputate purus.

Etiam in posuere tortor, a elementum risus.

Diagnosis: *Morbi porta sagittis lacus eu ultrices. Donec porta dui at congue eleifend. Phasellus ipsum ante, aliquet nec arcu vitae, sollicitudin lobortis nulla.*

Plan: *Phasellus suscipit gravida diam, vitae tristique lorem lacinia quis. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nunc a hendrerit purus.*

Investigations:

- VF _____
- OCT Macula
- OCT ON
- B Scan
- Photos _____

- IOL Master
- Topography
- UBM
- Other _____

Schedule next appt in: **3 months** _____

- Needs letter