

# EYECOS CLINIC CHECKUP

DATE \_\_\_\_\_ 20\_\_

**PATIENT:**

**TEST:**

**RIGHT EYE**

**LEFT EYE**

**FAR & NEAR VISION**

**AUTOMATIC REFRACTION**

**CONTRAST TEST**

**COLOR TEST**

**BIOMICROSCOPY OF CORNEA**

**BIOMICROSCOPY OF LENS**

**INTRAOCULAR PRESSURE**

**COMPUTERIZED PERIMETRY**

**RETINAL EXPLORATION**

**OPTICAL NERVE EXPLORATION**

**EYE ECOGRAPHY**

**ULTRASONIC PACHYMETRY**

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