EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL,

Sy. NO. 11-55-1, Plot No. 1, 5th Main Road, FTI Campus,
Yeshwanthpur Industrial Suburb, Yeshwanthpur, Bengaluru – 22.
(Under Ministry of Labour & Employment, Govt. of India)

DEPARTMENT OF OPHTHALMOLOGY

CASE SHEET FOR INPATIENTS

Patient Name :.....Age/ sex:.....

IP No:.....MRD No:.....

DATE:

History :

GPE :

OPHTHALMIC EXAMINATION :

Vn :	DV :	NV :
	Right	Right
	Left	Left

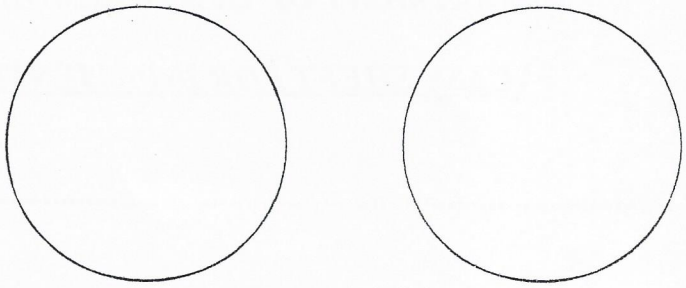
REFRACTION _____ _____

HEAD POSTURE

FACIAL SYMMETRY

OCULAR ALIGNMENT

VITREOUS/RETINA



LACRIMAL SYSTEM

(syringing)

Investigations: PHYSICIAN FITNESS

P.A.E

IOP(mm/Hg) :

BP(mm/Hg)

BIOMETRY; R eye L eye

K1:

K2:

AXIAL LENGTH:

P.C IOL

DIAGNOSIS:

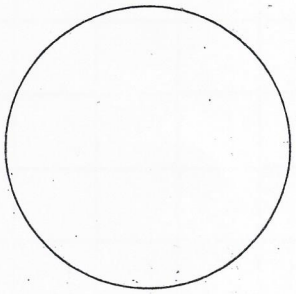
POSTED FOR _____ SURGERY ON _____ @ 9.A.M

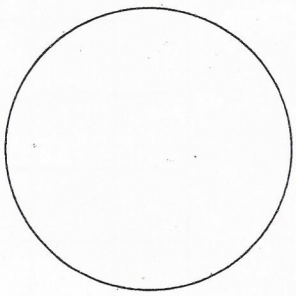
ADVICE :

DATE

DRUGS	DOSE														
1) Xylocaine TEST DOSE :															
2) inj T.T. 1 amp. i.m. stat															
3) Tab Ciplox															
4) CIPLOX eye drops															
5) Tropicamide + Phenylephrine eye drops															
6) CONSENT to be taken															
7)															
8)															
9)															
10)															
11)															

VITREOUS / RETINA





LACRIMAL SYSTEM

(syringing)

Investigations : **PHYSICIAN FITNESS**

P. A. E

BP (mm/Hg)

Reye

IOP (mm/Hg) :

BIOMETRY :

K1 :

K2 :

AXIAL LENGTH :

P.C IOL ☐ ☐

DIAGNOSIS :

Investigations : Conjunctival swab :