Transport Canada | Transports Canada

REFRACTIVE SURGERY FOR VISUAL ACUITY CORRECTION

Name	Transport Canada File Number

Date of Surgery (yyyy-mm-dd)	Surgical Procedure

Number of Treatments	Size(s) of Ablation Zone(s)

Pre-operative data	Uncorrected Visual Acuity	Refraction + Sphere	=	Corrected Visual Acuity
OD			=	
OS			=	
Both			=	

◯ 30 Days (4 weeks) or greater Post-Surgery ◯ Follow-up Report	Uncorrected Visual Acuity	Refraction + Sphere	=	Corrected Visual Acuity
OD			=	
OS			=	
Both			=	

Use of ocular medication	◯ Yes	◯ No
Glare sensitivity or "haloing"	◯ Yes	◯ No
Night vision difficulty	◯ Yes	◯ No
Diurnal variation of vision	◯ Yes	◯ No
Corneal haze	◯ Yes	◯ No

Comments

Name	Telephone number (999-999-9999)

Address

Date (yyyy-mm-dd) _______________ Signature of attending Ophthalmologist/Optomerist _______________

Canada