

# Identification of Sources of Error Specific to Laser Vision Correction\*

Error#	Sources of Error Specific to LVC
1	Patient name
2	Date of birth
3	Type of procedure (LASIK, PRK)
4	Aim (distance, near)
5	Optical zone
6	Preoperative sphere: plus or minus
7	Preoperative sphere power: first digit
8	Preoperative sphere: first decimal
9	Preoperative sphere: second decimal
10	Preoperative cylinder power: plus or minus
11	Preoperative cylinder power: first digit
12	Preoperative cylinder power: first decimal
13	Preoperative cylinder power: second decimal
14	Preoperative cylinder axis: first digit
15	Preoperative cylinder axis: second digit
16	Preoperative cylinder axis: third digit
17	Wavescan or laser input sphere: plus or minus
18	Wavescan or laser input sphere: first digit
19	Wavescan or laser input sphere: first decimal
20	Wavescan or laser input sphere: second decimal
21	Wavescan or laser input cylinder power: plus or minus
22	Wavescan or laser input cylinder power: first digit
23	Wavescan or laser input cylinder power: first decimal
24	Wavescan or laser input cylinder power: second decimal
25	Wavescan or laser input cylinder axis: first digit
26	Wavescan or laser input cylinder axis: second digit
27	Wavescan or laser input cylinder axis: third digit
28	Nomogram adjustment

LASIK = laser in situ keratomileusis; LVC = laser vision correction; PRK = photorefractive keratectomy

\* This list of 28 items relates to each eye having refractive surgery.

## Patient Identification

First name:

Last name:

DOB :

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Surgery:

OD  OS  OU

### Right Eye

*Type of procedure*

LASIK

PRK

LASEK

**Refractive**

distance

**aim**

intermediate

near

### Left Eye

*Type of procedure*

LASIK

PRK

LASEK

**Refractive**

distance

**aim**

intermediate

near

Target Rx \_\_\_\_\_

Pre-operative refraction (Wavescan, etc)

Sphere \_\_\_\_\_

Cylinder \_\_\_\_\_

Axis \_\_\_\_\_

Laser input

Sphere \_\_\_\_\_

Cylinder \_\_\_\_\_

Axis \_\_\_\_\_

Initials MD: \_\_\_\_\_

Assistant: \_\_\_\_\_

Optical zone \_\_\_\_\_

Nomogram adjustment \_\_\_\_\_

Target Rx \_\_\_\_\_

Pre-operative refraction (Wavescan, etc)

Sphere \_\_\_\_\_

Cylinder \_\_\_\_\_

Axis \_\_\_\_\_

Laser input

Sphere \_\_\_\_\_

Cylinder \_\_\_\_\_

Axis \_\_\_\_\_

Initials MD: \_\_\_\_\_

Assistant: \_\_\_\_\_

Optical zone \_\_\_\_\_

Nomogram adjustment \_\_\_\_\_

## Time-out confirmation

Surgeon:

Assistant:

LEGEND: All items above the solid line should be confirmed orally by the patient. He or she should be asked to state their name, date of birth, the procedure(s) being conducted and the refractive aim for each eye being operated. This checklist can be customized for other refractive surgeries such as Epi-Lasik or corneal inlays by adding selections under the heading Type of procedure.