

Name: BODIN, JEFFREY

Chart: 10:05 am



### EYE VISIT AMBULATORY CARE CENTER

Pt. Name BODIN, JEFFREY

DOB 5-22-1997

Dr. Ellis

Pediatrician \_\_\_\_\_

Location CHO

Date: 6/24/2019

Last Eye Exam: 8/31/18

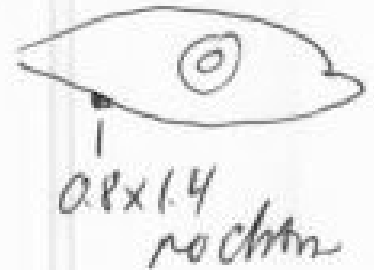
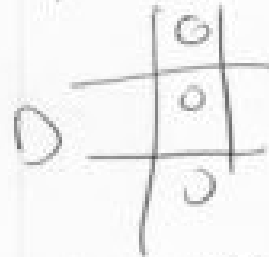
Reason for Visit: Pt. w/ melanoma lat. angle off therapy  
RE blepharospasm several times per day  
for 1 week. Also states peripheral neuropathy.  
No other visual complaints.

	Pupil	
	R	L
Dark	5	4
Light	3	5
Reaction	/	/
MGP		
Near		

	Normal	Abnormal
E.O.M.	/	
Stereo	9/9	
Color Vision		
W4D		
Visual Fields	/	
Orbit & Eyelids	/	
Conj. & Sclera	/	
Cornea	/	
A.C.	/	
Iris	/	
Lens	/	
Vitreous	/	
Disc.	/	COO3
Macula	/	
Vessels	/	
Periphery	/	

V cc  $\left\{ \begin{array}{l} 20/15 \\ 20/20-2 \end{array} \right.$

\* \* Full



N or MD

gonio SS 360 on no lesions

mix x2 9:25 am

RM -0.75 +1.00 x 095 (1)  
-0.50 +1.50 x 134 (2)

OB

No sign of ocular melanoma

P6 to Adult MD

Ⓢ Copy of records to A

Ⓢ no need to change  
CAMS

Signature: JEM