



STEVEN B. HOPPING, M.D., F.A.C.S.

EYE EXAM FORM

Name of Patient: _____

DOB: _____

You must have an eye examination and report submitted to me by an eye specialist before your eyelid surgery. Your surgery will not be performed until this is completed and the report has been received.

Please arrange for his eye examination as soon as possible and request that the eye specialist complete the form below.

The eye examination is very important since operations in this area can contribute to visual difficulty when pathology is already present. If you do not know an eye specialist, we will be happy to give you names of professionals.

Please fax this report prior to your pre-operative appointment to (202) 785-0763

Thank you,

Steven B. Hopping M.D.

EYE REPORT

Exam Date: _____

1. Visual Acuity:

2. Glaucoma Test:

3. Dry Eyes:

4. Other: _____

Specialist: _____ Telephone: _____

2311 M STREET, N.W., SUITE #503

WASHINGTON, D.C. 20037

TELEPHONE: (202)-785-3175