ULTRASOUND CORNEAL PACHYMETRY

DATE: _____

PATIENT NAME: _____

ORDERING PHYSICIAN: _____

CENTRAL CORNEAL THICKNESS MEASUREMENTS:

OD: _____µm\
\
_____µm AVG: _____ µm
/
_____µm/

OS: _____µm\
\
_____µm AVG: _____µm
/
_____µm/

INTERPRETATION:

OD: ☐ NORMAL CORNEA ☐ THIN CORNEA ☐ THICK CORNEA
OS: ☐ NORMAL CORNEA ☐ THIN CORNEA ☐ THICK CORNEA

ASSESSMENT:

- ☐ TRUE IOP MAY BE MEANINGFULLY HIGHER THAN INDICATED BY TONOMETRY
- ☐ TRUE IOP MAY BE MEANINGFULLY LOWER THAN INDICATED BY TONOMETRY
- ☐ TONOMETRY READINGS PROBABLY SUFFICIENTLY ACCURATE FOR CLINICAL DECISION MAKING

INTERPRETING PHYSICIAN'S SIGNATURE: _____

CORRECTION VALUES	
CORNEAL THICKNESS (µm)	CORRECTION VALUE
405	7
425	6
445	5
465	4
485	3
505	2
525	1
545	0
565	-1
585	-2
605	-3
625	-4
645	-5
665	-6
685	-7
705	-8

CORRECTION VALUES ACCORDING TO AVERAGE CORNEAL THICKNESS OF 545µM