

OHTS Axial Length: AX

Patient ID:

Date form completed: / /
mm dd yy

- Complete five axial length measurements on each eye using the IOLMaster or comparable device.
- Collect measurements **before** participant is dilated.

Date of measurements: / /
mm dd yy

1. Device used:

IOLMaster

Other: _____

2. Measurements: (Five per eye)

Axial length data from both eyes obtained prior to OHTS can be used. Please enter information available in chart, i.e., an average or the number of the most recent axial length measurements.

Please take new measurements if data for both eyes is not available in patient chart.

OD

OS

a. .

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b. .

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c. .

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d. .

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e. .

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Performed by:

Performed by:

Form Completed by (PI or CC):

Comments: