

## PNR-ETON FF-UP FORM

### A. GENERAL INFORMATION

<b>1. EyeMD/Reporter Name</b>	
<b>2. Patient Name</b>	
<b>3. Date of Ff-up</b>	

### B. Anti-TB THERAPY

	Compliance while on Treatment (check one)				Total Duration of Tx (in weeks)
	good	fair	poor		
<b>4. ALL Anti-TB Medications....or specify:</b>					
<b>4a. Ethambutol (EMB)</b>	good		fair		
<b>4b. Isoniazid (INH)</b>	good		fair		
<b>4c. Rifampicin (RIF)</b>	good		fair		
<b>4d. Pyrazinamide (PZA)</b>	good		fair		

### C. EYE EXAMINATION

	OD	OS
<b>5. Best Corrected Distance Visual Acuity</b>		
<b>6. Visual Field Defect (central, ceco-central , generalized, bitemporal, etc.)</b>		
<b>7. Color Vision (Ishihara Color Plates)</b>	___ out of ___	___ out of ___
<b>8. Other Color Tests (please specify _____)</b>		
<b>9. Fundus Appearance (normal, optic disc pallor, cupping, retinopathy, etc)</b>		
<b>10. Concomitant Eye Disease/Diagnosis (cataract, glaucoma, etc.)</b>		

### D. ANCILLARY PROCEDURES

PROCEDURE	RESULTS
<b>11. Neuro-imaging (CTscan/MRI)</b>	
<b>12. Others (please specify _____)</b>	

**Thank you for your continuing support! Please submit the completed ff-up form by:**

**Fax:** 02-638-5837

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**Email:** [rich\\_kho@yahoo.com](mailto:rich_kho@yahoo.com) (rescan filled-out form)