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| Minor Eye Injuries Proforma |
| Patient Name:  | D.O.B: | Telephone: |
| Patient Address: |
| Event: | Date: | Time:  |
| How was the injury sustained? |
| Assessment (Please Circle) |
| Affected Eye Left/Right | Redness | Watering eyes | Pain Score: /10 | pH Prior to treatment (Normal 7.0-7.3) |
| Other: |
| Treatment: |
| pH post treatment (Normal 7.0 – 7.3) | Advice sheet given to patient yes/no |
| Outcome: Patient discharged with advice | Pt referred to Emergency Department |
| Seen By:  |

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