

**EXAMEN OPHTALMIQUE AVIAIRE**

**THE RAPTOR CENTER**



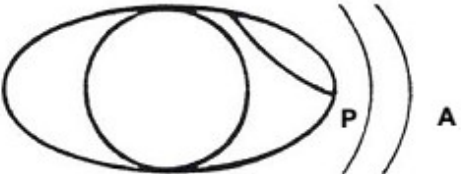
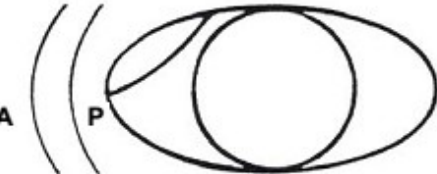

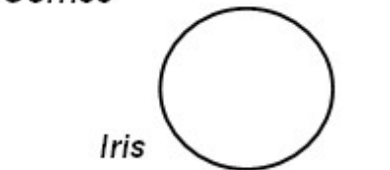

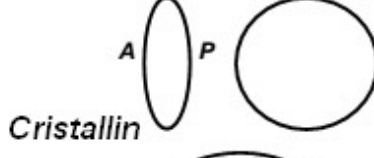


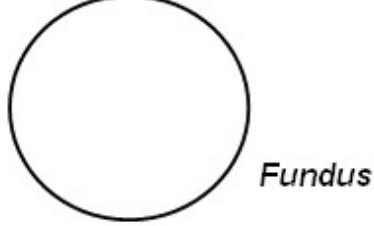
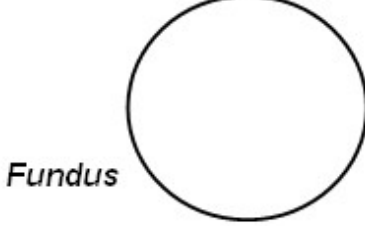
**UNIVERSITY OF MINNESOTA**

Date : \_\_\_\_\_ Espèce : \_\_\_\_\_

Poids : \_\_\_\_\_ Numéro de cas : \_\_\_\_\_

Anamnèse : \_\_\_\_\_

Traitements actuels : \_\_\_\_\_

|              | OD  | OS  | <b>Oeil droit</b>   | <b>Oeil gauche</b>  |
|--------------|-----|-----|---|---|
| RPL          | ___ | ___ |    |    |
| Direct       | ___ | ___ |   |   |
| Palpébral    | ___ | ___ |   |   |
| Cornéen      | ___ | ___ |   |   |
| Dazzle       | ___ | ___ |    |    |
| TS (mm/min)  | ___ | ___ |  |  |
| Fluorescéine | ___ | ___ |   |   |
| PIO (mmHg)   | ___ | ___ |   |   |
|              |     |     |  |  |
|              |     |     |  |  |
|              |     |     |  |  |

Diagnostic : \_\_\_\_\_

Traitement : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

