| **Glaucoma Patient Management Log** | |
|---|---|
| Optometrist name: | Signature: |
| Ophthalmologist name: | Signature: |
| Total number of patients: | Total time: |
| Date and start/end time: | |

| **Patient ID**<br>(e.g. 'Patient X' + gender & age). Please keep a list of your own with patient reference, so you can refer back if needed. | **Condition**<br>(e.g. primary open angle, primary angle closure, glaucoma secondary to pigment dispersion syndrome) | **Management**<br>(e.g. name of the drug and the dosage, and if surgery needed, what type of surgery) |
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