

COMMON EYE REPORT ABBREVIATIONS

COAG	chronic open angle glaucoma	HCL	hard contact lens
conj	conjunctive, conjunctiva	Heme	hemorrhage
CSM	central, steady, and maintained fixation	HHM	hand held magnifier
CSME	Clinically significant macular edema	HM	hand motion
CSUM	central, steady, unmaintained fixation	HOTV	Hotv vision test
CUSUM	central, unsteady	h.s.	at bedtime
CV	color vision	HVID	horizontal visible iris diameter
CVF	central visual field	Hx	history
CVO	central vein occlusion	I	intermediate
d	day	IC	intermediate curve
D	diopter or distance or distance vision	Int.	intermittent
dd	disc diameter (for fundus meaning)	IOL	intraocular lens
D&Q	Deep and quiet	ION	ischemic optic neuropathy
D/C	deep and clear	IOP	intraocular pressure
DR	diabetic retinopathy	IRMA	intraretinal microvascular abnormalities
DVA	distance vision	J1, J@	Jaeger notation/size type - near vision
DW	daily wear	KP	keratic precipitate
Dx,	diagnosis	LL	lower lid
ENUC	enucleated	LP	light perception
EOM	extra-ocular muscles	LP+P	light perception and projection
ERG	electroretinogram	Lproj/LPcP	Light projection/ Light Perception with porjection
E or ESO	esophoria	LVA	low vision aids
E'	Esophoria @ near	M	manifest refraction
EF	eccentric fixation	MAC	Minimal Apical Clearance
ET	esotropia at distance	MCAR	mires clear & regular
ET'	esotropia at near	ME	Macular Edema
E(T)	intermittent esotropia at distance	MG	Marcus Gunn pupil
E(T)'	intermittent esotropia at near	MR	manifest refraction
EUA	examination under anesthesia	MRI	magnetic resonance imaging
EV	eccentric viewing	MVA	motor vehicle accident
EW	extended wear contact lens	N	near, near vision
FB	foreign body	NKA	no known allergies
FBS	foreign body sensation	NKDA	no known drug allergies
FC	finger counting	NLP	no light perception
FEM	fast eye movements	NP	near point
F+F	fix and follow vision	NPA	near point of accommodation
FHx	family history	NPC	near point convergence
F/I	flat and intact	NPDR	non-proliferative diabetic retinopathy
fpa	far point accommodation	NR	non-reactive
FPL	forced preferential-looking	NRA	Negative Relative Accommodation
FR/FLR	foveal light reflex	NRC	normal retinal correspondence
FROM	full range of motion	NS	Nuclear Sclerosis
FTFC	full to finger counting	NVA	Near vision
FTG	full time glasses	NVD	neovascularization of the disc
FTW	full time wear	NVE	neovascularization of the retina elsewhere
f/u	follow-up	NVI	neovascularization of the iris
FW	flex wear	NVM	neovascular membrane
GL	eyeglasses	OAD	overall diameter
gtts	eyedrops	OAG	open angle glaucoma
GVF	Goldmann visual field	OD	right eye (oculus dexter)
GPC	giant papillary conjunctivitis	ON	optic nerve
h.	hour		
HA	headache		



OS	left eye (oculus sinister)	RK	radial keratotomy
OU	both eyes (oculus uterque)	RLF	retrolental fibroplasia
PAM	potential acuity meter	ROP	retinopathy of prematurity
PAS	peripheral Anterior Synechiae	r/o	rule out
p.c.	after meal	RP	retinitis pigmentosa
PD	prism diopter or pupillary distance	R&R	recess and resect
PDR	proliferative diabetic retinopathy	RTC	return to clinic
PED	pigmentary epithelial detachment	Rx	prescription
PH	pinhole visual acuity	s	without
PERRLA	pupils equal, round and reactive to light and accommodation	SAFE/FESA	smooth accurate full extensive without correction
PFD	Palpebral Fissure Depth	SEI	subepithelial infiltrate
PHNI	pinhole no improvement	SEM	slow eye movements
PKU	phenylketonuria	SLE	slit lamp exam
pl	plano lens	SPK	superficial punctate keratitis
PLT	preferential looking test	SRNVM	subretinal neovascular membrane
POHx	past ocular history	SVP	spontaneous venous pulsation
PtOHx	patient ocular history	Sx	symptoms
PP	near point	ta	applanation tonometry
PPM	persistent pupillary membrane	TAC	Teller acuity cards
PPU	pencil push ups	t.i.d.	three times per day
PR	far point	tono	tonometry
prn	as needed	Tp	toxoplasmosis
PROS	prosthesis	TRD	total retinal detachment
PRRE	pupils round, regular, and equal	Tx	treatment
PS	posterior synechiae	UTT	unable to test
PSC	posterior subcapsular cataract	V, Va	visual acuity
PVD	posterior vitreous detachment	VECP	visual evoked cortical potential
Px	prognosis	VEP	visual evoked potential
q.	every	VER	visual evoked response
q.d.	once per day	VF	visual field
q.h.	every hour	VT	visual therapy/training
q.i.d.	four times per day	WNL	within normal limits
q.o.d.	every other day	WR/WTR	with the rule (astigmatism)
q.2h.	every two hours	WS	Wearing schedule
R	refraction or retinoscopy or right	x	axis
RB	retinoblastoma	X or Exo	Exotropia
RD	retinal detachment	X(T)	intermittent exotropia @ distance
REM	rapid eye movements	X(T)'	intermittent exotropia @ near
ROP	retinopathy of prematurity		

