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| 1. **Identificação do Médico Assistente:** | |  | | | |  |
| **Nome:** | | **CRM:** | | | | **Telefone:** |
| 1. **Termo de Responsabilidade**   A Resolução CFM nº. 1.762 / 05 estabelece em seu art.1°:  "Considerar como procedimento terapêutico usual na prática médica oftalmológica a utilização de Anel Intra-estromal na córnea para o tratamento de pacientes com Ceratocone nos estágios III e IV, ressalvadas as contraindicações contidas no Parecer CFM nº .2/05, de 14 de janeiro de 2005, relacionadas abaixo:  1 – Ceratocone avançado com ceratometria maior que 75,0 dioptrias;  2 – Ceratocone com opacidade severa da córnea;  3 – Hidropsia da córnea;  4 – Associação com processo infeccioso local ou sistêmico;  5 – Síndrome de erosão recorrente da córnea." | | | | | | |
| 1. **Identificação do Paciente:** | | | | | | |
| **Nome:** | | | | **Código Identificador:** | | |
| **Data de Nascimento:** | **Sexo:** | | **Telefone:** | | | |
| **Indicação de Anel intraestromal:** | Olho Direito | | | | Olho Esquerdo | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 1. **Critérios para solicitação do evento** 2. **Classificação do Ceratocone** | | | | | | | | **Poder dióptrico do meridiano mais curvo** | | | | | | | | Incipiente (Grau I): até 45,0 D | | OD= \_\_\_\_\_\_\_\_ | | | OE= \_\_\_\_\_\_\_\_ | | | Moderado (Grau II): acima de 45,0 D até 52,0 D | | OD= \_\_\_\_\_\_\_\_ | | | OE= \_\_\_\_\_\_\_\_ | | | Avançado (Grau III): acima de 52,0 D até 60,0 D | | OD= \_\_\_\_\_\_\_\_ | | | OE= \_\_\_\_\_\_\_\_ | | | Severo (Grau IV): acima de 60,0 D | | OD= \_\_\_\_\_\_\_\_ | | | OE= \_\_\_\_\_\_\_\_ | | | **Achados ao exame oftalmológico** | | | | | | | | Acuidade visual c/ correção | | OD= \_\_\_\_\_\_\_\_ | | | OE= \_\_\_\_\_\_\_\_ | | | Refratometria dinâmica | | OD= \_\_\_\_\_\_\_\_ | | | OE= \_\_\_\_\_\_\_\_ | | | **Antecedentes** | | | | | | | | Presença de cicatriz corneana central | | Sim | | | Não | | | Hidropsia da córnea | | Sim | | | Não | | | Opacificação corneana densa | | Sim | | | Não | | | Processo infeccioso local ou sistêmico | | Sim | | | Não | | | Síndrome de erosão recorrente da córnea | | Sim | | | Não | | | Intolerância ao uso de LC | | Sim | | | Não | | | **Dados topográficos e paquiméticos** | | | | | | | | **K máximo** | OD= \_\_\_\_\_\_\_\_ D | | OE= \_\_\_\_\_\_\_\_ D | | | Data do exame \_\_/\_\_/\_\_\_\_ | | Espessura corneana em seu ponto mais fino: | | | | | | | | OD= \_\_\_\_\_\_\_\_ (µm) | | | | OE= \_\_\_\_\_\_\_\_ (µm) | | | | | | | | | | |

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| Data: **/     /** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |