PROVIEW
EYE PRESSURE MONITOR

My IOP Trends

Patient name _____

Begin date _____ End date _____

See the legend below and fill in the appropriate circle for each of your daily readings.

Ⓐ = Above target IOP range
Ⓑ = Within target IOP range
Ⓒ = Below target IOP range

EXAMPLE:

Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Aug. 13															
Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning	Morning
Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
●	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
●	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ
Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening	Evening
Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
●	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ
Other	Other	Other	Other	Other	Other	Other	Other	Other	Other	Other	Other	Other	Other	Other	Other
Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ	Ⓐ
Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ	Ⓑ
Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ	Ⓒ