

Name \_\_\_\_\_ Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Tx: ICL OD  OS

Co-Managing Dr. \_\_\_\_\_ Dr. Phone \_\_\_\_\_ Dr. Fax \_\_\_\_\_

Dr. Email \_\_\_\_\_ Surgery Date \_\_\_\_\_

Post-op Visit:  1-2 Weeks  1 Month  3 Months  12 Months  Other \_\_\_\_\_

Meds / Dosage:  Maxidex \_\_\_\_\_  Vigamox \_\_\_\_\_  Artificial Tears:  PF  Regular \_\_\_\_\_

OD Target:  Plano  Other \_\_\_\_\_ OS Target:  Plano  Other \_\_\_\_\_

UCDVA	20 / <input type="radio"/> blurry <input type="radio"/> glare <input type="radio"/> dbl <input type="radio"/> fluctuates	20 / <input type="radio"/> blurry <input type="radio"/> glare <input type="radio"/> dbl <input type="radio"/> fluctuates
UCNVA	20 / <input type="radio"/> blurry <input type="radio"/> glare <input type="radio"/> dbl <input type="radio"/> fluctuates	20 / <input type="radio"/> blurry <input type="radio"/> glare <input type="radio"/> dbl <input type="radio"/> fluctuates
Refraction	_____ 20 /	_____ 20 /
SLIT LAMP	Wound: <input type="checkbox"/> Intact _____ Cornea: <input type="checkbox"/> Clear _____ AC: <input type="checkbox"/> Deep <input type="checkbox"/> Quiet _____ Pupil: <input type="checkbox"/> Equal <input type="checkbox"/> Reactive _____ IOL: RR: <input type="checkbox"/> Good Position _____ <input type="checkbox"/> Normal _____	Wound: <input type="checkbox"/> Intact _____ Cornea: <input type="checkbox"/> Clear _____ AC: <input type="checkbox"/> Deep <input type="checkbox"/> Quiet _____ Pupil: <input type="checkbox"/> Equal <input type="checkbox"/> Reactive _____ IOL: RR: <input type="checkbox"/> Good Position _____ <input type="checkbox"/> Normal _____
IOP	_____ mmHg	_____ mmHg

Next followup visit scheduled: \_\_\_\_\_  day  week  month  year

Follow up required with CVS?  Y  N

Doctor's Comments/Treatment:  excellent  stable  enhancement \_\_\_\_\_

Quality of Vision:  Excellent  Acceptable  Poor (if poor, please comment) \_\_\_\_\_

Patient Satisfaction:  Satisfied  Not Satisfied (if not satisfied, please comment) \_\_\_\_\_

Comments \_\_\_\_\_

Dr. Signature \_\_\_\_\_

Date \_\_\_\_\_