

Comanaging Doctor: \_\_\_\_\_

Clinic Name / Location: \_\_\_\_\_

# CATARACT SURGERY FOLLOW-UP EXAMINATION

**Patient:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Surgery Date: OD \_\_\_\_\_

OS \_\_\_\_\_

Surgeon: DM Chen, MD, PhD      B Phillips, MD

Post-op Visit Date: \_\_\_\_\_

Post-op Visit:	OD	1 week	3 weeks	5 weeks	3 months	1 year	other
	OS	1 week	3 weeks	5 weeks	3 months	1 year	other

Unaided

Pinhole

Aided

Visual Acuity:	OD	20/ _____	20/ _____	20/ _____
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	OS	20/ _____	20/ _____	20/ _____
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Exam: (check if normal)

OD

OS

\_\_\_\_\_ Conjunctiva

\_\_\_\_\_ Cornea

\_\_\_\_\_ Pupil/Iris

\_\_\_\_\_ Wound

\_\_\_\_\_ Anterior Chamber

\_\_\_\_\_ IOL

\_\_\_\_\_ Capsule

\_\_\_\_\_ Fundus

\_\_\_\_\_ Fields

	OD	OS

Tonometry: OD \_\_\_\_\_ mmHG      Time \_\_\_\_\_

OS \_\_\_\_\_ mmHG

Keratometry: OD \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

OS \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

Refraction: OD \_\_\_\_\_ x \_\_\_\_\_ 20/ \_\_\_\_\_

OS \_\_\_\_\_ x \_\_\_\_\_ 20/ \_\_\_\_\_

Next Visit: \_\_\_\_\_

Signed: \_\_\_\_\_

Comments: