

Comanaging Doctor: _____

Clinic Name / Location: _____

CATARACT SURGERY FOLLOW-UP EXAMINATION

Patient: _____

DOB: _____

Surgery Date: OD _____

OS _____

Surgeon: A Foster, 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/ _____
----------------	----	-----------	-----------	-----------

	OS	20/ _____	20/ _____	20/ _____
--	----	-----------	-----------	-----------

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: