



# Post-Operative Exam Lens Replacement / Cataract Surgery

### Patient Information

name \_\_\_\_\_

dob (mm/dd/year) \_\_\_\_\_ phone \_\_\_\_\_

date of procedure OD \_\_\_\_\_ / \_\_\_\_\_ OS \_\_\_\_\_

date of this exam \_\_\_\_\_

### Referring Information

practice name \_\_\_\_\_

referring doctor \_\_\_\_\_

office phone/fax \_\_\_\_\_

office contact \_\_\_\_\_

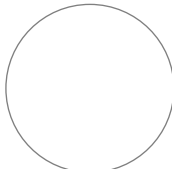
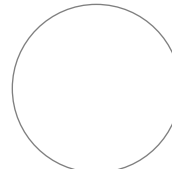
Procedure Performed

OD: Femto / Non-Femto / Multifocal / LAL / EDOF / Accommodating / Toric / Monofocal / Monovision  
 OS: Femto / Non-Femto / Multifocal / LAL / EDOF / Accommodating / Toric / Monofocal / Monovision

### Medications & Comments

Clinical Findings: **OU** Dist 20/\_\_\_\_ Near 20/\_\_\_\_ Target **OD** Plano / Mono **OS** Plano / Mono  
 UCVA **OD** Dist 20/\_\_\_\_ Near 20/\_\_\_\_ **OS** Dist 20/\_\_\_\_ Near 20/\_\_\_\_

Manifest Refraction

_____ 20/_____	_____ 20/_____
IOP _____ mmHG	IOP _____ mmHG
	

-Seidel / Edema \_\_\_ / Wound Leak  
 Clear / Edema \_\_\_ / Endofolds  
 D/Q / Cell \_\_\_ / Hene / Hypopyon  
 Round / Dilated / Irreg / Post Synech  
 Centered / De-Centered  
 Clear / Cloudy\_\_\_ / Wrinkled / Open

Incision  
 Cornea  
 A/C  
 Pupil  
 Lens  
 Post-Capsule

-Seidel / Edema \_\_\_ / Wound Leak  
 Clear / Edema \_\_\_ / Endofolds  
 D/Q / Cell \_\_\_ / Hene / Hypopyon  
 Round / Dilated / Irreg / Post Synechia  
 Centered / De-Centered  
 Clear / Cloudy\_\_\_ / Wrinkled / Open

Assessment & Plan

\_\_\_\_\_  
doctor signature

\_\_\_\_\_  
date