

## Cataract Surgery

1 Day Post-op Report or Supplemental Detailed Follow-Up Exam

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Date of Surgery \_\_\_\_\_

Operative Eye  OD  OS Date of Exam \_\_\_\_\_ Pre-op Best Corrected VA 20/ \_\_\_\_\_

**Subjective** \_\_\_\_\_

### Objective

Uncorrected VA	<b>Conjunctiva</b>	injection	<input type="checkbox"/> none	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
OD 20/ _____	<b>Wound</b>	edema	<input type="checkbox"/> none	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
OS 20/ _____		<input type="checkbox"/> intact					
		<input type="checkbox"/> leak					
		<input type="checkbox"/> other _____					

	<b>Cornea</b>	epithelial edema	<input type="checkbox"/> none	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
		stromal edema	<input type="checkbox"/> none	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+

Pinhole VA	<b>AC</b>	<input type="checkbox"/> well formed					
OD 20/ _____		<input type="checkbox"/> shallow					
OS 20/ _____		<input type="checkbox"/> cells	<input type="checkbox"/> none	<input type="checkbox"/> 1+	<input type="checkbox"/> 2+	<input type="checkbox"/> 3+	<input type="checkbox"/> 4+
		<input type="checkbox"/> other _____					

	<b>Pupil</b>	<input type="checkbox"/> round and centered					
		<input type="checkbox"/> other _____					

IOP <input type="checkbox"/> air <input type="checkbox"/> applanation	<b>IOL</b>	<input type="checkbox"/> well positioned					
_____ mm Hg		<input type="checkbox"/> displaced _____ mm					
		<input type="checkbox"/> dislocated					

	<b>Capsule</b>	<input type="checkbox"/> intact					
		<input type="checkbox"/> opened					

ASSESSMENT _____	PLAN _____
_____	_____
_____	_____
_____	_____

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name \_\_\_\_\_ Signature \_\_\_\_\_

(Print)