

1 WEEK POST-OP CATARACT/2nd EYE CATARACT EVAL

TECH: _____

DOB: _____

REFERRED BY: _____

NAME	AGE	OCULAR MEDS:	SYSTEM. MEDS:
S/P PHACO WITH IOL OD OS	<input type="checkbox"/> DIABETES	NSAID TID/QD OD OS	
Date of sx:	<input type="checkbox"/> HEART DZ		
	<input type="checkbox"/> HTN	STEROID TID OD OS	
Premium lens if applicable:	<input type="checkbox"/> RESPIR		
	<input type="checkbox"/> THYROID		
CC:	<input type="checkbox"/> ROS Δ	Review date ___/___/___	
	<input type="checkbox"/> Social Hist Δ	Review date ___/___/___	
	AR	IOP	
	OD: _____	OD: TONO	APP
	OS: _____	OS: TONO	APP
OD: cc sc 20/ J	RX / REF	DILATION:	
OS: cc sc 20/ J	OD: _____		
OU: cc sc 20/ J	OS: _____	DILATION TIME:	

ADDITIONAL TESTS:

- HVF
- FA/FP
- ANT SEG PHOTO
- PAM
- BAT
- PUPILS
- A SCAN
- B SCAN

Post-op instructions reviewed by technician

K L RET ONH
C/D _____

BIO **V90**

	OD	OS
EXT.	<input type="checkbox"/> NORM	<input type="checkbox"/> NORM
CONJ.	<input type="checkbox"/> W&Q	<input type="checkbox"/> W&Q
CORN	<input type="checkbox"/> CLEAR	<input type="checkbox"/> CLEAR
A.C.	<input type="checkbox"/> D&Q	<input type="checkbox"/> D&Q
IRIS	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
LENS	<input type="checkbox"/> CLEAR	<input type="checkbox"/> CLEAR
	___+NS___+PSC___+CS___+NS___+PSC___+CS	
IOL	<input type="checkbox"/> CENTRED IN BAG	<input type="checkbox"/>
PC	CL ___+FIBR.	CL ___+FIBR.
VIT	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
DISC.	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
MAC.	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
VES.	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL
PER.	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL

L RET ONH
C/D _____

BIO **V90**

IMP: S/P PHACO WITH IOL OD OS		
PLAN: CONTINUE NSAID AS DIRECTED TAPER: STEROID OD OS TID X 1 WEEK, BID X 1 WEEK, QD X 1 WEEK		
NO RESTRICTIONS	CALL ASAP WITH DECREASED VA CALL ASAP WOTH PAIN	
TREATMENT: PHACO w/IOL OD OS if applicable		
RV O.D. IN FOR	SIGNATURE	Date Of Service:
RV ECT IN FOR		Faxed: / By:

DO NOT WRITE BELOW THIS LINE