# EYE CENTER OF TEXAS 1 DAY POST-OP CATARACT

**TECH:**_____

**DOB:** **REFERRED BY:**

| NAME | AGE | OCULAR MEDS: | SYSTEM. MEDS: |
|---|---|---|---|
| S/P PHACO WITH IOL OD OS | [ ] DIABETES | **NSAID QD/TID OD OS** | |
| **Date of sx:** | [ ] HEART DZ | **STEROID TID OD OS** | |
| | [ ] HTN | | |
| **Premium lens if applicable:** | [ ] RESPIR | | |
| | [ ] THYROID | | |
| **CC:** | [ ] ROS Δ | **Review date** ___/___/___ | |
| | [ ] 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:** |

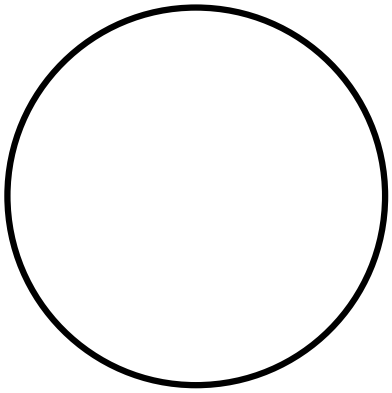
**ORDER ADDITIONAL TESTS:**

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

❑ **Post-op instructions reviewed by technician**

**AMSLER GRID:**

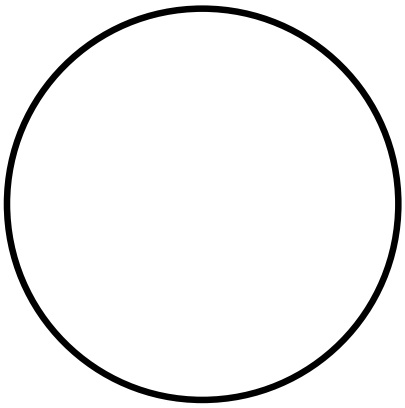
**K L RET ONH**
C/D _____



**BIO** **V90**

| | **O.D.** | **O.S.** |
|---|---|---|
| EXT. | ☐ NORM | ☐ NORM |
| CONJ. | ☐ W&Q | ☐ W&Q |
| CORN | ☐ CLEAR | ☐ CLEAR |
| A.C. | ☐ D&Q | ☐ D&Q |
| IRIS | ☐ WNL | ☐ WNL |
| LENS | ☐ CLEAR ___+NS ___+PSC ___+CS | ☐ CLEAR ___+NS ___+PSC___+CS |
| IOL | ☐ CENTRD IN BAG ☐ | |
| PC | CL _____+ FIBR. | CL _____ +FIBR. |
| VIT | ☐ WNL | ☐ WNL |
| DISC. | ☐ WNL | ☐ WNL |
| MAC. | ☐ WNL | ☐ WNL |
| VES. | ☐ WNL | ☐ WNL |
| PER. | ☐ WNL | ☐ WNL |

**K L RET ONH**
C/D _____



**BIO** **V90**

**IMP: S/P PHACO WITH IOL OD OS**

**PLAN: NO LIFTING OVER 20 LBS**

**USE STEROID TID OD OS CALL ASAP WITH DECREASED VA**

**USE NSAID QD/TID OD OS CALL ASAP WITH PAIN**

**RV O.D. IN FOR SIGNATURE**

**RV ECT IN FOR**

**Date Of Service:**

**Faxed:** **By:**

DO NOT WRITE BELOW THIS LINE