

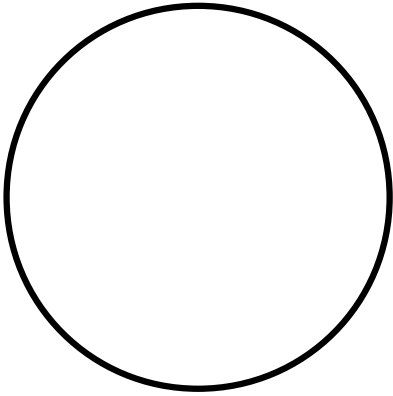
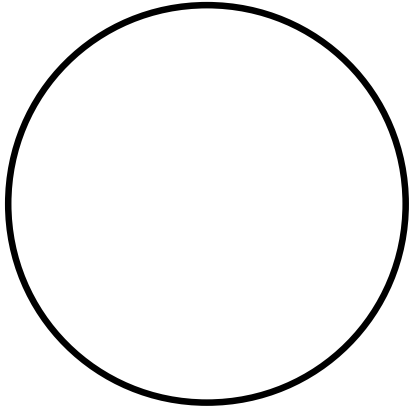
# EYE CENTER OF TEXAS 1 DAY POST-OP CATARACT

TECH: \_\_\_\_\_

REFERRED BY:

NAME	AGE	OCULAR MEDS:	SYSTEM. MEDS:
S/P PHACO WITH IOL OD OS	<input type="checkbox"/> DIABETES	KETOROLAC TID OD OS	
Date of sx:	<input type="checkbox"/> HEART DZ	BESSIVANCE TID OD OS	
	<input type="checkbox"/> HTN	DUREZOL QID 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 ___/___/___	
	<b>AR</b>	<b>IOP</b>	
	OD: _____	OD: TONO APP	
	OS: _____	OS: TONO APP	
OD: cc sc 20/ J	<b>RX / REF</b>	<b>Dilation:</b>	
OS: cc sc 20/ J	OD: _____		
OU: cc sc 20/ J	OS: _____	<b>Dilation Time:</b>	

<b>ORDER ADDITIONAL TESTS:</b>	<b>AMSLER GRID:</b>
<input type="checkbox"/> HVF <input type="checkbox"/> FA/FP <input type="checkbox"/> ANT SEG PHOTO <input type="checkbox"/> PAM <input type="checkbox"/> BAT <input type="checkbox"/> PUPILS <input type="checkbox"/> A SCAN <input type="checkbox"/> B SCAN	<input type="checkbox"/> <b>Post-op instructions reviewed by technician</b>

<b>K L RET ONH</b> C/D _____    <b>BIO</b> <b>V90</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>O.D.</b></td> <td style="width: 50%;"><b>O.S.</b></td> </tr> <tr> <td>EXT. <input type="checkbox"/> NORM</td> <td><input type="checkbox"/> NORM</td> </tr> <tr> <td>CONJ. <input type="checkbox"/> W&amp;Q</td> <td><input type="checkbox"/> W&amp;Q</td> </tr> <tr> <td>CORN <input type="checkbox"/> CLEAR</td> <td><input type="checkbox"/> CLEAR</td> </tr> <tr> <td>A.C. <input type="checkbox"/> D&amp;Q</td> <td><input type="checkbox"/> D&amp;Q</td> </tr> <tr> <td>IRIS <input type="checkbox"/> WNL</td> <td><input type="checkbox"/> WNL</td> </tr> <tr> <td>LENS <input type="checkbox"/> CLEAR</td> <td><input type="checkbox"/> CLEAR</td> </tr> <tr> <td>___+NS ___+PSC ___+CS</td> <td>___+NS ___+PSC ___+CS</td> </tr> <tr> <td>IOL <input type="checkbox"/> CENTRD IN BAG</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PC CL ___+FIBR.</td> <td>CL ___+FIBR.</td> </tr> <tr> <td>VIT <input type="checkbox"/> WNL</td> <td><input type="checkbox"/> WNL</td> </tr> <tr> <td>DISC. <input type="checkbox"/> WNL</td> <td><input type="checkbox"/> WNL</td> </tr> <tr> <td>MAC. <input type="checkbox"/> WNL</td> <td><input type="checkbox"/> WNL</td> </tr> <tr> <td>VES. <input type="checkbox"/> WNL</td> <td><input type="checkbox"/> WNL</td> </tr> <tr> <td>PER. <input type="checkbox"/> WNL</td> <td><input type="checkbox"/> WNL</td> </tr> </table>	<b>O.D.</b>	<b>O.S.</b>	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"/> CENTRD 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	<b>K L RET ONH</b> C/D _____    <b>BIO</b> <b>V90</b>
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<b>IMP: S/P PHACO WITH IOL</b>				<b>OD OS</b>
<b>PLAN: NO LIFTING OVER 20 LBS</b>				
USE DUREZOL	TID	OD	OS	CALL ASAP WITH DECREASED VA
USE BESSIVANCE	TID	OD	OS	CALL ASAP WITH PAIN
USE KETOROLAC	TID	OD	OS	
RV O.D. IN	FOR	<b>SIGNATURE</b>		Date Of Service:
RV ECT IN	FOR			Faxed:                      By:
<b>DO NOT WRITE BELOW THIS LINE</b>				